

Burttschell Rescue Ranch
7157 Hillboldt Road – Sealy, TX 77474
979-885-8417

Dog Adoption Application Form

Contact Information

Full Name: _____

Occupation: _____

Place of Employment: _____

Home Address: _____

How long at this address? _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

Names of all adults living in home;

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: ___ Active ___ Noisy ___ Quiet ___ Average

If you rent, please give the rules governing pets and the landlord's name and number

(By providing this information you are allowing BRR to contact your landlord please inform them of this call so they will speak with us):

Family:

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing BRR with this information you are allowing BRR to call your vet. Please call your vet and ask them to authorize the release of information to BRR.)

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why? _____

Desired age: _____ Desired Size: _____ Desired breed: _____

Breed you would not adopt: _____

Desired sex: _____ Spayed Female _____ Neutered Male _____ No preference

Willing to adopt (mark (X) all that apply):

____ outgoing/hyper dog ____ shy dog ____ dog that needs regular medication ____ dog that needs training
____ dog that needs grooming ____ None of these

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? ____ Yes ____ No

Do you agree to keep the dog as an indoor dog? ____ Yes ____ No

When the dog goes out, how do you plan to supervise it?

Fenced yard? ____ Yes ____ No

Do you agree to contact BRR if you can no longer keep this dog? ____ Yes ____ No

Are you willing to let a representative of BRR visit your home by appointment? ____ Yes ____ No

How did you hear about BRR? _____

Would you be interested in fostering? ____ Yes ____ No ____ Would like to know more

Personal References

Please list someone who is familiar with both you and your pets.

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____

Address: _____

Phone: _____

Relationship (relative, neighbor, friend, etc.): _____

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

Adopter MUST return this dog back to our rescue if you can no longer provide for the dog's care. By signing this contract, I understand that that I cannot give this dog to anyone else without permission of BRR.

Please Read Carefully

This contract stands as a spay/neuter contract if your puppy is not spayed or neutered. The puppy MUST be returned to BRR at the age of 6 months to be fixed or the puppy must be returned without refund.

I agree to the terms of this legal and binding contract: _____ Yes _____ No

Any legal fees incurred should legal action be taken will be my responsibility: _____ Yes _____ No

Signature: _____ Date: _____

Spouse/Co-Applicant: _____ Date: _____