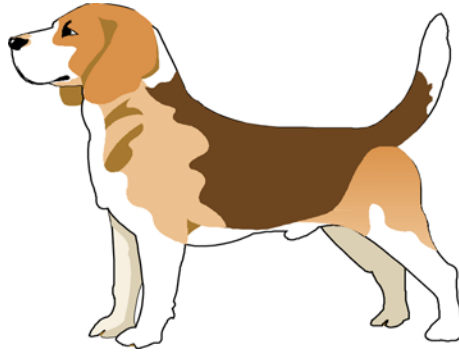


**Nittany
Beagle
Rescue**



**P.O. Box 127
West Decatur, PA 16878
Email:
info@nittanybeaglerescue.org**

APPLICATION TO ADOPT

| | | | |
|--|--|---|------------------------|
| Name: | | Home Phone: | |
| Address: | | Work Phone: | |
| | | Cell Phone: | |
| | | Email Address: | |
| | | Occupation: | |
| Why did you choose a Beagle? | | | |
| Have you ever owned a Beagle before? | | | |
| Will this Beagle be mainly | | A housedog? | An outdoor dog? |
| Does anyone in your house have allergies? | | What are the allergies? | |
| How many adults live at home? | | Do they all work? | |
| What is the longest time the Beagle will be left alone? | | Where will the Beagle be left when alone? | |
| How many children at home? | Names: | | Ages: |
| Is anyone in your home afraid of dogs? | | Do you own your house? | |
| How long have you lived there? | | Do you rent? | |
| Does your lease allow pets? | Landlord's name & phone number? | | |
| Is your yard fenced? | How tall is the fence? | What material is the fence? (chainlink, wood?) | |

When the application is approved, are you interested in?:

| | | | | |
|-------------------------|---------------|----------------|------------------|-----------------------|
| Specific Beagle? | Male? | Female? | Tricolor? | No Preference? |
| 13" 15" | Adult? | Puppy? | Blonde? | Maximum Age? |

Are you prepared financially to provide proper medical and personal care for a Beagle at this time? (About \$500.00 per year?)

| | | | | |
|----------------------|--------------------------------------|------------|-----------------------|-----------------------------------|
| Current Pets: | Vet. name & phone number? | | | |
| Names: | Type | Age | Sex (altered?) | Up to date on Shots, etc.? |
| 1.) | | | | |
| 2.) | | | | |
| 3.) | | | | |
| 4.) | | | | |

Previous Pets:

| Names: | Type | What happened to them? | How long ago? | Vet. name & phone number? |
|---------------|-------------|-------------------------------|----------------------|--------------------------------------|
| | | | | |

I give my permission for the veterinarians above to supply information to Nittany Beagle Rescue with regard to my pets.

Signature: _____

Personal References: (no relatives)

| | |
|--------------|---------------|
| Name: | Phone |
| Name: | Phone: |

I confirm that the above information is correct and I give my permission to contact the references that are listed.

DATE: _____ **SIGNATURE:** _____

Please allow up to two weeks from the date you return the application for us to process it. If you are requesting a specific sex/age it may take longer to match your request with an appropriate Beagle.