

Rescue

Application to Adopt

Print this request. Send the completed form to the address below. Please PRINT legibly or type.

Date _____

Name _____

Address _____

City / State / Zip _____

Phone: Home _____ Work _____ Cell _____

E-mail address _____

Number in Household: Adults _____ Children & Ages _____ Other Pets _____

Reasons for wanting a Bedlington: _____

Have you had a dog before? _____ Was it spayed/neutered?

If not, please explain _____

Name, Address, & Phone of your veterinarian

May we call him/her for a reference? _____

ABOUT YOUR HOME

Do you live in a House ____ Apartment ____ Condo ____ Other

Is your yard fenced? ____ If not, how will this dog be exercised?

How will the dog be allowed to relieve itself in inclement weather?

Will anyone be home with the dog during the day? ____ If not, how many hours will the dog be home alone? _____

Will the dog be crated while alone? _____

Where will the dog sleep _____

Do all adults living in household want a dog? _____

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Please check all that apply:

- Busy Household-visits by friends, children in & out, etc.
- Moderate Household-normal comings & goings
- Quiet Household-few people come & go
- Lots of children in neighborhood
- Live on busy street or highway
- Dog will be an indoor dog
- Dog will be an outside dog

What would cause you to return the dog to Bedlington Rescue? Please check all that apply:

- a new job (working more, longer hours)
- divorce
- moving
- new baby
- if the dog needed expensive medical care
- bad habits (chewing, destruction, biting, unable to housebreak, etc)
- illness or death in family
- other (please explain) _____

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- Would you be willing to take a “special needs” dog (scared, handicapped, needs daily medication or medical care)? _____
 - Would you be willing to work with a “behavior problem” dog? _____
 - Would you be willing to take an older dog? _____
 - Do you have a preference for color _____ sex _____ age _____
 - Would you keep the dog on heartworm prevention? _____

I understand that if for any reason I cannot keep this dog, I will return it to rescue.

Name (print) _____

Signed _____ Date _____

Name (print) _____

Signed _____ Date _____

Please return this rescue application form to:

**Rescue Coordinator
Lisa Clarkson
Two North Canton Road
West Simsbury, CT 06092-2000**

Phone: 860-651-4711

[Email: clarkson007@comcast.net](mailto:clarkson007@comcast.net)