

64 Pine Street
Pittston, PA 18640
P: 845.258.8357



 facebook.com/beaglehaven/

Adoption Application

Applicant Information

Name of Applicant _____		Date of Application _____
Address _____	City, State _____	Zip Code _____
Date of Birth _____	Driver's License Number _____	State Issued _____
Property Type: <input type="checkbox"/> House <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Apartment		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: _____	Phone: _____	
Veterinarian _____	Location _____	Phone _____

Previous/Current Pets (list all from last 5 years)

Type	Breed	Age	Sex	Altered	How long?	Still Present
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No: _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No: _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No: _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No: _____
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No: _____

References

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Household (list all current inhabitants, excluding the applicant)

Name	Age	Relation to Applicant	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Yard: Fenced Partially Fenced Invisible Fence Other: _____

When Not Home: Crate Free Roaming Gated Other: _____

House Training: In Yard Tethered Pads Other: _____

Please read and sign: There are many factors that go into the pet adoption process. I understand that each beagle has individual needs and will go to the home that is best fit for them. I understand that the approval for adoption is contingent upon the best interest of each beagle as an individual and that I have the right for clarification if my application is rejected. I agree that if adopted, and there are any problems, the beagle will be returned to the rescue at any time and that I will be asked for the reasons that the beagle was not a good fit so as to facilitate appropriate future adoption.

Printed Name

Signature

Date

E-mail signed application to: adopt@beaglehaven.org