

Oklahoma Beagle Rescue, Inc.
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Beagle Adoption Application

You must be at least 21 years old to adopt an Oklahoma Beagle Rescue beagle.

****Incomplete applications will not be considered. ****

Today's Date: _____

First & Last Name: _____

Co-Applicant: _____

(Any adult living at applicant's residents. Ex Spouse, Fiancé, Roommate, etc.)

Street Address: _____

City, State, Zip: _____

Occupation: _____

Phone Numbers:

Home _____ Cell _____

Work _____ Other _____

Primary Email: _____

Secondary Email: _____

Have you had beagles before? ___ YES ___ NO

What are you looking for in a Beagle?

Do you prefer a male or female beagle?

___ Male
___ Female
___ No Preference

What age beagle do you prefer?

___ Puppy ___ 1-3 Years
___ 3-5 Years ___ 5-7 Years
___ Over 7 Years ___ No Preference

If you are interested in a specific beagle, or multiple beagles, please indicate their names and any comments. _____

Why did you choose to adopt a beagle? _____

How many adults in the home? _____

How many children in the home? _____

Ages of Children in the home: _____

Do all of the adults work? YES NO

In what type of dwelling do you live (single family, townhouse, apartment, etc)? _____

Do you own or rent?: OWN RENT

If you rent, does your lease allow pets? YES NO

How long have you lived there? _____

Are you moving within the next 12 months? YES NO

If so, are you planning on taking the beagle with you? YES NO

Landlord's Name: _____

Landlord's Phone: _____

Is your yard fenced? YES NO

How tall is the fence? _____ What material is the fence made of? _____

This dog will primarily be a: House Dog Outside Dog

Where will the dog be left while you're away from home (out for the day)?

Run of house Crate Garage Doghouse

Other (please explain) _____

Who will be the primary caregiver (feeding, exercise, training, grooming, etc.) of the beagle?

Self Spouse Children Other (please explain) _____

What is the longest period the dog will be left alone in a day? _____

Personal References:

Please give at least 2 references for in an in state application, and 3 for an out of state application.

Name _____ Phone Number (_____) _____

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Name _____ Phone Number (_____) _____

Name _____ Phone Number (_____) _____

General Questions:

How much time did you spend researching Beagles before deciding to adopt? _____

What did you use for research, be as specific as possible? _____

Have you ever housetrained an animal before? ___YES ___NO

If you find it difficult to housetrain the beagle yourself, are you willing to pay a professional trainer to assist you? ___YES ___NO

Will you relinquish the beagle if it is difficult to housetrain? ___YES ___NO

Are you aware that beagles are quite vocal and can bay loudly at times? ___YES ___NO

Are you aware that beagles cannot be let off leash because they will run off? ___YES ___NO

Do you realize that a beagle may live to be between ten and twenty years old? ___YES ___NO

Are you aware that beagles can take up to 30 days to adjust to a new environment? ___YES ___NO

All pets must receive annual vaccinations and an annual physical exam by a veterinarian. There may also be other miscellaneous medical care costs throughout the year. How much do you estimate these annual costs to be? \$_____

Are you prepared to spend these annual costs on medical care for your beagle throughout its lifetime? ___YES ___NO

Does anyone living at your residence have allergies to pets? ___YES ___NO

If no one in your home has allergies now but develops them in the future, what would you do?

Have you ever been convicted of animal neglect, cruelty, or abandonment? ___YES ___NO

Pet Information:

If you have more pets than the space provides please use the back of the application.

Pet's Name _____ Type _____

Age _____ Sex _____ Altered? **Yes / No** If **NO** why? _____

Comments _____

Pet's Name _____ Type _____

Age _____ Sex _____ Altered? **Yes / No** If **NO** why? _____

Comments _____

Information about previous pets: (Give details for pets you've had in the past 6 years)

Pet # 1 _____

Pet's Name _____

Type _____

What happened? _____

How long ago? _____

Pet # 2 _____

Pet's Name _____

Type _____

What happened? _____

How long ago? _____

If ANY pets listed above (past or present), please provide veterinarian contact information.

Primary Vets Name: _____

Primary Vets Phone: _____

Alternate Vets Name: _____

Alternate Vets Phone: _____

May we contact your veterinarian(s) for a reference? ___YES ___NO

If no, why? _____