**Tall Tails Beagle Rescue**

**Adoption Application**

 **Tall Tails Beagle Rescue**

**443 South Main St**

**Mechanic Falls, ME 04256**

**207-333-0040**

[**www.talltailsbeaglerescue@gmail.com**](http://www.talltailsbeaglerescue@gmail.com)

**Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why have you chose a beagle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you had a beagle before:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will this beagle be a housedog or outdoor dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does anyone in your household have allergies:\_\_\_\_\_\_\_\_\_ What, if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many adults live in the home:\_\_\_\_\_\_\_\_\_\_\_ Do they all work:\_\_\_\_\_\_\_**

**Longest time left alone: \_\_\_\_\_\_\_\_\_\_ Where would the beagle be during this time: \_\_\_\_\_\_\_\_**

**How many children in the home: \_\_\_\_ Ages: \_\_\_\_\_\_ Are they use to dogs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is anyone in the household afraid of dogs: \_\_\_\_\_\_\_\_ Do you own/rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many years at the residence: \_\_\_\_\_\_\_\_\_ Landlord contact info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your lease allow dogs: \_\_\_\_\_\_\_\_ Is the yard fenced: \_\_\_\_\_\_\_\_**

**If fenced, how tall: \_\_\_\_\_\_\_ Material(ie chainlink/wood): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upon approval, are in interested in:**

**Specific beagle: \_\_\_\_\_\_\_\_\_\_\_**

**Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_ Color(ie tri/bi/lemon): \_\_\_\_\_\_\_\_\_\_\_ Size(ie 13”/15”): \_\_\_**

**Age(ie puppy4mo-2y/adult 3-10y/senior 11y up): \_\_\_\_\_\_\_**

**Costs average up to $500 annually(vet checks/heartworm/flea tick)**

**Are you willing to keep up with needed treatments: \_\_\_\_\_\_\_\_\_\_\_**

**Current pets in household:**

 **Name Age Breed Sex UTD on vaccination**

**1.**

**2.**

**3.**

**4.**

**Previous pets**

 **Name Breed How long Why no longer Vet info**

**1.**

**2.**

**3.**

**4.**

**By signing this, you give us permission to contact veterinarians to supply any information regarding current/previous pets: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Reference(non related)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I confirm that the above information is current and I give my permission to contact the references listed:**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please allow up to two weeks from the date you return this application for us to process it. If you are requesting a specific sex/age, it may take longer to match your application with a specific beagle.**