



South Central Bloodhound Club, Inc. Rescue

Placement Agreement & Questionnaire

APPLICANT INFORMATION

Applicant is applying for: Adoption Fostering Both

Name 1: _____ Phone: _____ Email: _____

Name 2: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation 1: _____ Occupation 2: _____

Please list all other individuals living in the home:

Name 1: _____ Relationship to applicant: _____ Age: _____

Name 2: _____ Relationship to applicant: _____ Age: _____

Name 3: _____ Relationship to applicant: _____ Age: _____

Name 4: _____ Relationship to applicant: _____ Age: _____

Has anyone living in the home been convicted of animal cruelty, neglect or abandonment: Yes No

Is everyone living in the home agreeable to adding a rescued Bloodhound to the family: Yes No

Who will be the primary caregiver to the adopted Bloodhound: _____

RESIDENCE

Please check all that apply: Own Rent Townhome Condo Single Family Apartment Other: _____

If you have a landlord, has he/she given you permission to adopt a dog: Yes No

Are there any covenants and/or restrictions on pets where you live: Yes No

STAIRS Interior: Yes No If yes, where and how many: _____

Exterior: Yes No If yes, where and how many: _____

FENCE Fenced yard: Yes No If yes, what height: _____ Type: _____

DOG'S LIVING CONDITIONS Dog will spend his/her day (Please check all that apply): Loose indoors Basement Crated Loose outdoors

Outside in kennel Outside tied out Garage Other: _____

Where will the dog stay at night: _____ How many hours will dog be alone daily: _____

How often do you travel: _____ Who cares for your dog: _____

PET EXPERIENCE

DOG OWNERSHIP Have you ever bred a dog: Yes No If yes, please explain: _____

Have you ever trained a dog: Yes No If yes, please explain: _____

Do you have dogs now: Yes No If yes, how many: _____ Please tell us about your dogs below.

Name: _____ Breed: _____ Age: _____ Years owned: _____ Spayed/Neutered

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PAST DOGS Name: _____ Breed: _____ Yrs owned: ____ Cause of death: _____ Spayed/Neutered
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CATS Do you have cats: Yes No If yes, how many: _____ Please describe below.
 Name: _____ Indoor Outdoor Both Age: _____ Male Female Spayed/Neutered
 Name: _____ Indoor Outdoor Both Age: _____ Male Female Spayed/Neutered
 Name: _____ Indoor Outdoor Both Age: _____ Male Female Spayed/Neutered
 Name: _____ Indoor Outdoor Both Age: _____ Male Female Spayed/Neutered

PAST CATS Name: _____ Age: _____ Yrs owned: ____ Cause of death: _____ Spayed/Neutered
 Name: _____ Age: _____ Yrs owned: ____ Cause of death: _____ Spayed/Neutered
 Name: _____ Age: _____ Yrs owned: ____ Cause of death: _____ Spayed/Neutered
 Name: _____ Age: _____ Yrs owned: ____ Cause of death: _____ Spayed/Neutered

OTHER PETS Please list any other pets you have in your home or on your property. Please include deceased pets: _____

ABOUT YOU What do you most enjoy about having dogs: _____
 What do you least enjoy about having dogs: _____
 If you've never had a dog, what do you expect from getting one: _____
 Please describe the ideal dog for your home and family: _____

ABOUT BLOODHOUNDS Have you ever owned a Bloodhound: Yes No If yes, please explain: _____
 Have you ever met a Bloodhound: Yes No If yes, please explain: _____
 Why do you want a Bloodhound: _____
 How did you learn about the breed: _____
 What do you like about the breed: _____
 What do you dislike about the breed: _____

Please give some thought to the questions below, rather than automatically answering "yes." Although you may love this breed, you may discover that a high-maintenance dog like the Newfoundland may not be the best choice for your home, and you may realize you do not have the time and resources required to care for one.

- 1) Are you prepared to spend at least \$250 per year on vaccinations, heartworm, and flea/tick control: Yes No
- 2) Are you prepared to accept the increased costs of medical care, emergency appointments, prescriptions, etc. due to the size of the Bloodhound, especially as the dog ages: Yes No
- 3) Are you willing to pay for formal training to solve behavioral problems: Yes No
- 4) Please describe problems you feel are intolerable, (such as biting, chewing, jumping, pulling on a leash, food aggression, separation anxiety, etc.): _____

REFERENCES

Please provide information for three character references, your veterinarian (if you have one), and your landlord (if you rent). Other helpful references would be an employer, neighbor, friend who owns a giant breed dog (St. Bernard, Mastiff, etc.).

Veterinarian: _____ Address: _____ Phone: _____
 Landlord: _____ Email: _____ Phone: _____
 Name: _____ Relationship: _____ Yrs known: ____ Occupation: _____ Phone: _____
 Name: _____ Relationship: _____ Yrs known: ____ Occupation: _____ Phone: _____
 Name: _____ Relationship: _____ Yrs known: ____ Occupation: _____ Phone: _____

Please list any and all preferences you have for adopting a Bloodhound (*check all that apply*):

- Male Female
 Adult Senior Puppy, age:_____
 Black/Tan Liver/Tan Red Red Dun
 Mix Purebred
 Special needs Abused dog Training required
 Other: _____

How long are you willing to wait for your Bloodhound: _____

How did you hear about SCBC Rescue: _____

South Central Bloodhound Club Rescue will cooperate with breeders who have dogs needing placement. We do not screen these dogs, and technically, they are not part of the rescue network. Would you like to be referred to these breeders: Yes No

ADOPTION CRITERIA

Please review the following adoption criteria of the South Central Bloodhound Club Rescue.

- Your home must provide a safe environment where the dog will be cared for humanely, including adequate food, water, veterinary care, and shelter from weather. The dog must be licensed in accordance with the laws of your jurisdiction. The dog should be exercised in a fenced yard or on a leash. **OUR RESCUES SHOULD NEVER BE ALLOWED TO RUN LOOSE** and should be tattooed or microchipped for identification and/or always carry i.d. tags.
- You have never been convicted of animal cruelty, neglect, or abandonment.
- Bloodhounds will only be placed in private homes. The adopted Bloodhound may not be used for medical or other experimental purposes. Bloodhounds are best kept in close proximity to their families. They should never be chained or tied-out.
- SCBC Rescue should not be used as an inexpensive source for obtaining a Bloodhound. Rescue dogs will be spayed/neutered prior to placement. If this is not possible due to age or health conditions, the dog must be returned to SCBC Rescue at the proper time for this procedure.
- A refresher obedience class is urged to establish a quicker bond of respect and rapport between you and your new dog.
- The adoption fee charged by SCBC Rescue is \$250. Senior rescues are \$100. The fee is charged to help defray the expenses incurred by SCBC Rescue for veterinary services, transportation, boarding, grooming, etc. If, for whatever reason, the adoption does not work to the advantage of the family and/or dog, the adopted Bloodhound must be returned to the SCBC Rescue. You may not transfer ownership of the adopted Bloodhound. The SCBC Rescue reserves the right to follow-up on the placement of the dog to ensure the dog’s well-being. It is understood that a SCBC representative may examine and inquire about the adopted dog at any time, and if not satisfied with the condition of the dog, or the conditions in which it is living, the dog may be reclaimed by SCBC Rescue immediately. If legal action becomes necessary to reclaim the dog, the adoptive owners will be responsible for all legal fees and court costs incurred by South Central Bloodhound Club.
- It is agreed and understood that the South Central Bloodhound Club, members, and others working for and/or associated with the Club, shall not be responsible for any damage or injury caused by a Bloodhound placed through the SCBC Rescue. Every effort is made by the SCBC Rescue Committee to test and evaluate the stability of the Bloodhound before placement.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE CRITERIA, AND I WILL COMPLY.

All of the information I have given in this document is true and complete. Should a Bloodhound be placed in my home it will reside in my home as a pet. I agree to provide the dog with adequate food, water, shelter, affection, and medical care. I understand the temperament, habits, and physical condition of the dogs available for adoption have been screened, but cannot be guaranteed. Also, that South Central Bloodhound Club is in no way liable or responsible for any damage, accident/injury resulting from the placement of a dog into my home.

APPLICANT 1, printed name	DATE	APPLICANT 1, signature
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APPLICANT 2, printed name	DATE	APPLICANT 2, signature
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Please return this completed form to:

Emily Williams
SCBC Rescue Director
PO Box 1772
Fayetteville, AR 72702
adopt@southcentralbloodhounds.org