



Bedlington Terrier Club of America, Inc

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? _____

Bedlington Terrier Club of America, Inc

Rescue – Application to Adopt (page 2)

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) _____

- 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 BTCA Rescue.

Name (print) _____

Signed _____ Date _____

Name (print) _____

Signed _____ Date _____

Please return this rescue application form to:

**B.T.C.A. Rescue Coordinator
Karen Yeandle
42 Third St
Yorkville, NY 13495**

Phone: 315-768-8641

Email: Rescue@BedlingtonAmerica.com