



BELGIAN TERVUREN RESCUE, INC.

Adoption Application

The ownership of a Belgian Tervuren, like any pet, is a serious responsibility and requires a long term commitment. It is the goal of the Belgian Tervuren Rescue, Inc. to be sure that the physical and psychological needs of each Tervuren be met in its new home. This application has been designed to help prospective Tervuren adopters address the issues that would directly affect their home and its suitability for a Tervuren as well as aiding us in applicant evaluation.

Please Print

Name		Address	
City		State	Zip
Email address			
Home Phone		Business Phone	
Occupation		Employer	
No. of adults in household	Male	Female	No. of children in household
List sex and age of children			

Who will be responsible for the care and training of the new Tervuren? _____

Approximately how long would you expect your Tervuren to be alone each day? _____

Do you live in an Urban Suburban Rural area?

Do you live in a: Single family home Mobile home Condominium Apartment

Describe the living and sleeping quarters that will be provided for the dog: _____

If you rent or lease, you must submit with this application written permission from your landlord that includes their name, address and phone number.

Is your yard fenced in? Yes No If yes, note the approximate size of the fenced area and height and type of fencing material: _____

If no, what arrangements will you provide for safe and adequate exercise? _____

Have you checked into local ordinance in your area pertaining to owning/housing an animal (i.e. leash laws, required vaccinations, dog licenses, etc)? Are you willing to comply? Yes No

How many dogs do you currently own? _____ Please list each dogs' breed, sex and age. _____

How many have you previously owned please include breed sex and age? _____ Please state what happened to these dogs. _____

What other animals/pets do you currently have? _____

Have you ever trained a dog before? Yes No What method did you use? _____

Have you ever used a crate? Yes No Would you be willing to use a crate? Yes No

Have you ever experienced any behavior problems with past or present pets? Yes No If yes, how did you handle these problems? _____

If you are away from home for a few days and are unable to take the dog, what arrangement will you make provide for its care? _____

How would you describe you household activity level?

Very quiet Rather easygoing Usually something going on Lots of activity

Estimate number of times per month that adults visit your home: _____

Estimate number of times per month that children visit your home: _____

In addition to the normal routine at home, what activities will your Tervuren have? _____

How did you become familiar with Belgian Tervuren? _____

Would you prefer a male or a female Tervuren? Male Female No preference

Would you consider adopting a middle age dog? Yes No Senior dog? Yes No

Occasionally, a Tervuren with special needs (physical restrictions, or a behavioral/training issue) is available for adoption. Would you be interested in being considered for such a "special" dog?

Yes No

How far are you willing to travel, if necessary to get your rescue dog?

Please add any additional information or thoughts that you feel would help us to understand you as a potential Tervuren owner and the home you can offer the dog. _____

Do you currently have a veterinarian? Yes No

If yes, please list veterinarian's name, address and phone number:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Please list two personal references that you have known for more than two years that are not relatives:

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

I understand that in order to complete processing of this application, a visit to my home may need to be scheduled by a representative of the program, and that by submitting this application, I agree to such a scheduled visit. I also certify that all information on this adoption application is true and correct.

Signature _____ Date _____

Print Name _____

Return to:
Cindy Simonsen
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