

**ADOPTION APPLICATION FORM
BOSTON TERRIER CLUB OF CONNECTICUT, INC.**

Please Note:

The Boston Terrier Club of Connecticut, Inc. will require a minimum adoption donation of \$300 to help offset the expenses incurred during fostering of the Boston Terrier. Often this donation only covers a fraction of the amount actually spent to ensure that the dog is healthy and neuter/spayed. All donations are used exclusively for the rescue, medical care, and daily needs of our foster Boston Terriers.

NAME: _____ Date: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ Best time to call: _____

WORK TELEPHONE: _____ Is it OK to call: _____

How long at present address? _____ Own Rent Renters must attach a copy of lease or a notarized statement from landlord stating the number of pets permitted and that a Boston of this size is permitted

If you move, what will you do with this Boston? _____

Where will this Boston be kept during the hours you are not at home? _____

For how many hours will this Boston be left alone on any given weekday? _____ Weekend? _____

Where will the Boston be kept at night? _____

Will this Boston ever be kept alone in a garage or basement? _____

Exercise and elimination will be: On Lead On Chain or Trolley Totally enclosed fenced yard
 Partially fenced area Electronic/Radio fence Loose in Unfenced Yard Indoor area (Paper, etc.)
 Other, Explain: _____

How often per year do you typically travel? _____ When you travel where will your Boston go? _____

How many adults live in your household? _____ How many children? _____ What are their ages? _____

Will there be children visiting? _____ What are their ages? _____

Is everyone in your home agreeable to adopting this Boston? _____

Who will be responsible to care for this Boston? _____

Does anyone in the home have animal-related allergies? _____ <http://allergies.about.com/od/specificallergens>

If you have children, are you ready to accept the additional responsibility of owning a Boston? Yes / No /
Maybe, explain: _____

Do you believe you should teach children the proper handling, treatment, and general care a Boston needs? _____

Have you carefully considered the financial cost of owning a Boston? (Grooming, vet bills, food, boarding, licensing, toys, etc.) _____

Do you agree to provide routine and necessary medical care (including any state-required immunization) for your Boston? Yes/ No Explain: _____

Is this your first pet? Yes / No Is this your first dog? Yes / No: _____

Are there currently any pets living in your home, even temporarily? Yes / No

List pets: _____

To your knowledge, are any of your current animals animal-aggressive? Yes / No Explain: _____

Have you ever had a rescue pet before? Yes / No Do you understand that due to the history of rescue Bostons, often they may have behavioral problems that need to be addressed? Yes / No

Have you ever trained or attended canine training classes? Yes / No

We suggest a 6-7 wk training session. This can help you with the first months of bonding and help you with any questions you may have. Of course our rescue is available and just a phone call away anytime you have a question. Please call with updates and pictures when possible.

Should behavioral problems arise, please contact the Boston Terrier Rescue Contact.

Have you ever bred a pet? Yes / No Explain: _____

Are your current pets Neutered/Spayed? _____ If not please list and explain: _____

Do you intend to do so, and if so, when? _____

Have you ever owned a Boston Terrier? _____

Have you ever given up a pet? Yes / No If yes, how many and explain: _____

Description of Boston sought: Male Female Prefer Must have Age desired? _____

Will you consider a dog over 4 years old? _____ Most are 3-7 years old and owner surrenders. Few are under 2.

Will you consider a dog that is not housebroken? _____

Do you understand that it can take a few days /weeks to get a Boston on the right Housebreaking routine? _____

Would you consider two if they were housemates? _____

We may call and describe a dog, but you don't have to take it.

Do you understand that Boston Terriers are overly sensitive to temperature extremes, both hot and cold, and must be provided for during these conditions? Yes / No

Do you agree to keep this Boston on his/her current diet until such time as you speak to your veterinarian about slowly switching to your diet of choice? Yes / No (This is to avoid digestive problems related to switching foods abruptly)

Do you agree to return this Boston to the Boston Terrier Club of Connecticut Rescue if you are unable to keep it for any reason? _____ (initial)

Name and phone number of your Veterinarian: _____

Please list two non-related references that we may contact regarding this adoption:

Name	Relationship	Phone	Best time to call
_____	_____	_____	_____
_____	_____	_____	_____

Boston Terrier Club of Connecticut, Inc. (BTCC) RESCUE RESERVES THE RIGHT TO REFUSE ANY APPLICATION

I certify that all of the information on the application is true and complete. I understand that if selected as an adoptive home I will comply with the following conditions of adoption:

- ADOPTER shall keep BOSTON as an indoor pet and will provide BOSTON with identification at all times (e.g. collar, tag, tattoo, or microchip). BOSTON will be kept under control at all times when off ADOPTER'S property.
- ADOPTER shall provide adequate veterinary care for BOSTON including annual vaccinations, rabies vaccinations as needed, and any other care recommended by BOSTON'S veterinarian. ADOPTER will take BOSTON to a veterinarian within 14 days of adoption date. ADOPTER will take BOSTON to veterinarian if ill. If ADOPTER is unable to do so, ADOPTER will notify BTCC rescue contact listed on the last page at time of adoption.
- ADOPTER agrees to notify BTCC RESCUE contact of any change of address or telephone number of ADOPTER.

