



www.brnc.org

Borzoi Rescue – Northern California

ADOPTION APPLICATION

Name _____
Street Address _____
City/State/Zip _____
Phone (home) _____ (work) _____
E-mail address _____

Type of Residence. House ___ Apt. ___ Mobile Home ___ Condo ___ Other ___

IF OTHER, Please explain _____

Do you Own _____ Rent _____ How long at this address? _____

(If you rent, we need a letter from your landlord or a copy of your lease showing you are allowed to keep dogs on the premises. Otherwise, please give the name, address, and phone number for your landlord. _____)

What is your city, town, or county limit on the number of dogs you may keep? _____

Age _____ Occupation _____
Employer _____ How long _____
Employer's phone _____

IF APPLICANT IS NOT HEAD OF HOUSEHOLD, Who is? _____

Age _____ Relationship to Adopter _____

Occupation _____ How long _____

Employer _____ Phone _____

OTHER PEOPLE LIVING AT THIS ADDRESS: (Spouse, significant other, children, relatives, roommate, etc.)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST ALL CURRENT PETS: (DOGS, CATS, BIRDS, LIZARDS, FISH, ETC.)

Species	Name	Age	Sex	Altered (Yes/No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Where are these pets kept? _____

Where would you keep a Borzoi? _____

What type of exercise would he/she get? _____

Does anyone in your home have allergies? Yes ___ No ___
IF YES, Please explain _____

Describe Your Yard: Approx. Size _____ Fence Type & Height _____

How much time will the Borzoi spend outside? _____

Have you ever had a Borzoi before? ___ Other large dog? ___ Breed? _____
What happened to them? _____

Have you ever surrendered a dog to a shelter or taken one back to a breeder? Yes ___ No ___
IF YES, please explain _____

Would you consider? (RATE 1 TO 10 WITH 10 BEING MOST DESIRABLE)
Male ___ Female ___ Puppy (UNDER 6 MOS.) ___ Puppy (6 MOS. TO 1 YR.) ___
Over 5 Yrs. old ___ From a shelter ___ With medical needs ___
Untrained ___ Borzoi mix ___ Other (PLEASE EXPLAIN IF WE MISSED SOMETHING) _____

Who in your home wants a Borzoi? _____

Who will be the primary caretaker? _____

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REFERENCES (Please include name, address, and phone number.)

Veterinarian _____

Personal reference #1 _____

Personal reference #2 _____

Personal reference #3 _____

Borzoi Rescue – Northern California, Inc. is an independent, non-profit organization which provides assistance with rehabilitation, medical care, and permanent re-homing for any Borzoi in a rescue situation. BR-NC is a charitable 501(c)(3) California corporation staffed entirely by volunteers. Contributions are tax-deductible, and all money received goes directly toward the costs of rescue.

BR-NC requires that an adoption fee of \$350 be paid for each Borzoi placed. Do you agree to pay this fee? Yes ___ No ___

Will you keep BR-NC informed of any moves, escapes, or death of any Borzoi entrusted to your care? Yes ___ No ___

MY SIGNATURE MEANS ALL INFORMATION LISTED ON THIS APPLICATION IS CORRECT AS I NOW KNOW IT.

Signature Date

Please return this form to:
Jacqueline Gregory, Director
Borzoi Rescue – Northern California
PO Box 733, Somerset CA 95684
Phone: (530) 620-6994
Email: keepers@directcon.net
<http://www.brnc.org>

Or to:
Nancy Joeckel, Treasurer
Borzoi Rescue – Northern California
PO Box 1850, Rogue River OR 97537
Phone & Fax: (541) 582-8220
Email: nancy@brnc.org