

## The Placement Process

It is our hope that you will keep your pet as we consider pet ownership a lifelong commitment. However, we understand that there are circumstances that arise which make it necessary to remove your pet from your home. **Currently our Beagle Rescue Program is considered a “referral only” program. That means that we do not physically take possession of your dog until we have searched for an approved permanent home for it.** Many times there are wonderful applicants waiting for a beagle to become available so the wait would be minimal. **However, please bear in mind that this process can take some time.** All placements will follow this process:

- 1 Download the following forms ([www.oregonsbest.com/~douglas/bugler](http://www.oregonsbest.com/~douglas/bugler)):  
(If you are unable to download forms, please call our rescue hotline at **503-715-0965** and leave your name and address. We will mail a packet to you)
  - Rescue Dog Intake Information
  - Release of Dog to Beagle Rescue Program
- 2 After completing & signing the forms, please mail to:  
CWBC – Beagle Rescue Program  
PO Box 236, Estacada, OR 97023

**PLEASE INCLUDE A RECENT PHOTO OF YOUR SO DOG WE CAN ADD IT TO OUR WEB SITE! This will speed up the adoption process.**

**IMPORTANT: You MUST submit proof of vaccinations and Statement of Health along with the Adoption Intake form in order for CWBC to assist in placing your beagle!**

- 3 After reviewing your completed forms, a member of our Beagle Rescue team will call for a telephone interview and to arrange a visit to your home to meet you and your dog. If you do not have a recent photo, we will take a photo to aid in placement.
- 4 Our Beagle Rescue team will immediately begin a search to find your dog a new home. When we believe we have found a good match for your dog, we will contact you to arrange for the potential adoptive family to meet your dog.
- 5 When a suitable match is found....your dog will be placed in its new loving, permanent home!



# Columbia-Willamette Beagle Club

## BEAGLE RESCUE PROGRAM

PO Box 236, ESTACADA, OREGON 97023

PH: 503-715-0965

BRESCUE \* @ \* CWBCRESCUE.COM  
PLEASE COPY OR RE-TYPE EMAIL WITHOUT \*\*S

## RESCUE DOG INTAKE INFORMATION

### Owner Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Dog Information:

Columbia-Willamette Beagle Club wishes the very best for the dog that is being placed. For its benefit, please fill out the following form as completely and truthfully as possible so your dog can be placed in the best suited home.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed:       Purebred Beagle       Other: \_\_\_\_\_

AKC Registered:  No       Yes: Registration No: \_\_\_\_\_  
Papers Attached? \_\_\_\_\_

Gender:       Male       Female       Altered       Not Altered       Don't know if altered  
This Beagle would be considered a \_\_\_\_\_ stray \_\_\_\_\_ owner surrender (mark as applies)

Age of dog when you acquired it: \_\_\_\_\_ Acquired from: \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_

Reason for relinquishing dog (describe in detail please): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your dog was obtained from a breeder, have you contacted the breeder to see if the dog may be returned?       No       Yes

If "YES", who was the breeder? \_\_\_\_\_

How can we contact them? \_\_\_\_\_

## BEHAVIOUR TRAITS

**Negative Attributes** ~ Does/is your dog (check all that apply and add any not listed):

- Bark excessively     Bite     Dig     Destroy property     Have Separation Anxiety  
 Jump fences     Aggressive toward other animals

Other (list): \_\_\_\_\_  
\_\_\_\_\_

What is the WORST thing(s) about your beagle? \_\_\_\_\_  
\_\_\_\_\_

**Positive Attributes** ~ Does/is your dog (check all that apply and add any not listed):

- Ride in car     Housebroken     Playful     Gets along well with children  
 Gets along well with cats     Gets along well with other animals     Smart  
 Obedient     Sweet     Gentle

Does your dog do any tricks (list): \_\_\_\_\_  
\_\_\_\_\_

Has this dog completed any obedience classes?  No  Yes:

Level \_\_\_\_\_

Does your dog live with: Other dogs/animals?  No  Yes (list \_\_\_\_\_

Children?  No  Yes  Get along well with children?

What is the BEST thing(s) about your beagle? \_\_\_\_\_  
\_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Is your dog allowed on the furniture or bed?  No  Yes

Is your dog crate trained?  No  Yes

Who is dog's current vet? Name: \_\_\_\_\_ Ph: \_\_\_\_\_

List any health issues: \_\_\_\_\_

Does dog have allergies?  No  Yes: List \_\_\_\_\_

Current medications, if any: \_\_\_\_\_

Is your dog microchipped?  No  Yes: List brand & ID# \_\_\_\_\_

What will you send along with your dog to new owner (toys, food, etc.): \_\_\_\_\_  
\_\_\_\_\_

What brand of dog food does your dog eat? \_\_\_\_\_

Is your dog currently licensed? \_\_\_\_\_ If so, what county?

License Number? \_\_\_\_\_

**VACCINATIONS**

Last Vaccination Date

Next Due Date

DHLLP

\_\_\_\_\_

\_\_\_\_\_

Bordatella

\_\_\_\_\_

\_\_\_\_\_

Rabies

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above listed information is true and accurate to the best of my knowledge:

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_





# ***Columbia-Willamette Beagle Club***

**BEAGLE RESCUE PROGRAM**  
**PO Box 236, ESTACADA, OREGON 97023**  
**PH: 503-715-0965**  
**BRESCUE@CWBEAGLES.COM**

## **RELEASE OF DOG TO BEAGLE RESCUE PROGRAM**

I/We, the undersigned, do declare that I/we am/are the owner (or finder) of the following dog described as:

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I/We unconditionally surrender said dog to the Columbia-Willamette Beagle Club - Beagle Rescue Program and/or New Owner. To the best of my knowledge, the above dog has not bitten or attacked any person except as noted here: \_\_\_\_\_

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By signature of this document, I agree to relinquish all future claim to this animal, and I hereby release the Columbia-Willamette Beagle Club – Beagle Rescue Program, its agents, volunteers, successors and heirs of any responsibility for actions required to best provide for this dog's future welfare. I acknowledge that if it is the decision of the Columbia-Willamette Beagle Club - Beagle Rescue Program that said dog is not an appropriate candidate for adoption, for any reason, that the said dog can be euthanized, at the sole discretion of the Beagle Rescue Program.

Furthermore, I/we authorized our veterinarian's office to release copies of our dog's complete medical history to the Columbia-Willamette Beagle Club - Beagle Rescue Program.

Signature: ➔ \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_