

ARIES DOBERMAN LIBERATION RESCUE

ADOPTION APPLICATION

Thank you for your interest in saving a Doberman life thru our 100% volunteer organization. Please complete the application and return it to dobermanrescuegr@gmail.com with ADOPTION APPLICATION written in the subject box.

The adoption fee for any of our Dobermans is \$275. Some special needs Dobermans in the rescue program are sponsored by rescue funding and are seeking just a loving care giver. Continued success depends on the rescue dollars earned through your adoption donations. We optimally are trying to place these dogs in forever homes, but will sometimes do long term fostering if it is a medical necessity.

The adoption application is a serious tool used in the process of re-homing this often misunderstood breed. Please take the time to answer each question fully. Submitting an application does not commit you to an adoption.

Please type your answers in the spaces provided. *If more space is needed, please go to the bottom of the form to complete your answer providing the identifying number for the question to which you are responding.*

WHAT I'M LOOKING FOR

- If there is a specific dog in which you are interested please provide the
1. name of that rescue: _____
 2. What personality traits are you looking for in your rescue? _____
 3. Why would you like to own the breed you have selected? _____
 4. Have you done any breed research: Yes No
 5. If yes, what did you learn about the breed you selected? _____
-
6. Are you interested in? (Check all that apply)
- | | | |
|---|---|--|
| House Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hunting Dog: <input type="checkbox"/> Yes <input type="checkbox"/> No | Pet for Business: <input type="checkbox"/> |
| Yes <input type="checkbox"/> No | | |
| Outside Pet: <input type="checkbox"/> Yes <input type="checkbox"/> No | Watch Dog: <input type="checkbox"/> Yes <input type="checkbox"/> No | Pet for Breeding: <input type="checkbox"/> |
| Yes <input type="checkbox"/> No | | |
7. Are you looking for a male or female? What age range? _____ Color preference: _____
8. Do you want cropped or natural ears? Do you want docked or natural tail? Will you take a special needs Dobie? Yes No
9. Do you plan to spay/neuter your adopted pet? Yes No Undecided
8. Do you plan to crop the ears? Yes No

PERSONAL INFORMATION

Primary Applicant's
 10. Name: _____ Occupation: _____
 11. Home Street Address: _____ City/State/Zip _____
 12. Place of Employment: _____ Business Phone: _____
 13. Normal working days: _____ Normal working hours: _____

Secondary Applicant's
 14. Name: _____ Occupation: _____
 15. Place of Employment: _____ Business Phone: _____
 16. Normal working days: _____ Normal working hours: _____
 17. Closest major city: _____ Your distance from this city: _____

18. Home phone: _____ Primary's Email: _____ Secondary's Email: _____
 19. Primary's DL # and state of issue: _____ Secondary's DL # and state of issue: _____

20. Applicants' age range(s): 40 plus 25 to 39 18 to 24 Under 18

21. Do you own or rent? Own Rent
 If you rent, please provide the following information for your landlord:

22. Landlord's Name: _____ Landlord's Phone: _____

23. How long have you lived at your present address? _____ Years Length at previous address: _____ Years

ENVIRONMENT

24. Do you have a completely enclosed fenced yard? Yes No Is the fence attached to house? Yes No

25. Size of fenced area: _____ Height of fence: _____ Fence material: _____

26. If you have no fence, how will your rescue get exercise and go potty? _____

27. Is there someone home during the day? Yes No At night? Yes No

28. Where will the dog stay during the day? _____ At night? _____

29. Where will the dog sleep? _____

30. How many children will live or visit often with the dog? _____ Provide age and sex of children who will live or visit often with the dog

(
/
) Age: _____ Years _____ Months Male Female Resident Visitor

(
2
) Age: _____ Years _____ Months Male Female Resident Visitor

(
3
) Age: _____ Years _____ Months Male Female Resident Visitor

(
4
) Age: _____ Years _____ Months Male Female Resident Visitor

31. How many dogs do you currently have? _____ What brand food do you feed your dogs? _____

Please complete the following information for the dogs you currently have:

Name	Breed	Age (Years)	Sex	Spayed or Neutered?	Current on Vaccines?	On Heartworm Preventative	Personality - Dominate
(1) _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
(2) _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
(3) _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
(4) _____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

32. How many cats do you currently have? _____ Do they live inside or outside? Inside Outside

33. Describe any other animals you own: _____

PET HISTORY AND BACKGROUND

34. Please answer the following regarding other dogs you owned in the past.

Name	Breed	Sex	Year Acquired	Last Year With You	Reason you no longer have the dog(s)
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____

35. Have you ever surrendered an animal to a shelter, agency or rescue? Yes No If yes, provide details behind your decision. _____

36. Have you ever given away or sold a dog? Yes No If yes, please provide details behind your decision.

37. Have you ever been charged with animal cruelty or child abuse? Yes No If yes, state when and where and provide details:

VETERINARY AND GENERAL INFORMATION

38. Have you ever obedience trained a dog? Yes No No Will you be willing to obedience train your dog? Yes No

39. How long do you expect to train and/or play with your rescue each day and what will you spend your time doing with him/her?

40. What could cause you to give up the rescue you have adopted?

41. Current or most recent veterinarian's name for reference check:

Veterinarian's address:

Month and year of last visit to the above referenced veterinarian.

Veterinarians phone number:

Veterinarian's fax number:

42. Is there anything else you would like to tell us or ask us?

43. How did you hear about us?

This section for DRGR staff.

Name: _____ **Rescue:** _____ **City/State:** _____

Veterinarian _____

NOTE: Please be aware that Doberman Rescue GR . reserves the right to refuse adoption for any reason. *Please return your application via email to dobermanrescuegr@gmail.com with ADOPTION APPLICATION written in the subject box.*