

Date:



ADOPTION and FOSTER HOME APPLICATION

Any missing information will void this application

Tell us about the dog you are interested in:			
Sex:	Age:	Color:	Other details:
Are you interested in a specific dog on our website? Who?			
Will you consider another dog? A senior?		A dog with special needs?	

ABOUT YOU	ABOUT YOUR SPOUSE/PARTNER	
Full Name:	Full Name:	
Date of Birth:	Date of Birth:	
Employer:	Employer:	
Length of Employment:	Length of Employment:	
Cell:	Cell:	
Email Address:	Email Address:	
Drivers License # and Expiration Date:	Drivers License # and Expiration Date:	
Do all cohabiting spouses/partners/roommates consent to this adoption?		
Initial:	Initial:	Initial:

ABOUT YOUR HOME		
Street Address:	City, State and Zip:	Home Phone:
Type of residence: House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/>	Do you Own <input type="checkbox"/> Rent <input type="checkbox"/> If renting please provide name and contact info for property manager/landlord:	Does your community/HOA have any breed restrictions that do not allow Doberman Pinschers? YES <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
No. of Adults in Home	No. of Children in Home	Ages of Children
Do you have a yard?	Length x Width	Fully fenced?
Are all gates locked?	Fencing material	Height of fence
Nearby heavy traffic?	Nearby schools?	Problems with snakes, coyotes or poisonous insects?

ABOUT YOUR PETS <i>(including birds, rabbits, etc.)</i>		Use additional pages if necessary					
Breed:	Name:	Age:	Sex:	Spayed/ Neut?	Licensed?	Vaccinated?	On HW prevention?

ABOUT DOGS YOU HAVE PREVIOUSLY OWNED		Use additional pages if necessary				
Breed:	Name:	Sex:	Spayed/ Neut.?	On HW prevention?	Years Owned?	Where are they now?

ABOUT YOUR CURRENT VETERINARIAN	
Practice Name:	Vet's Name:
Address:	Phone:
May we contact your Veterinarian for references?	

QUESTIONS FOR ADOPTERS ONLY
Why do you want a Doberman and how will you care for him/her?
How much will you budget for your dog annually for food, training, vaccinations, emergency care, etc.?

QUESTIONS FOR ADOPTERS AND FOSTER PARENTS
What will you do with the dog while you are away on vacation or out of town?
Do you expect any lifestyle altering events in you or your household's future? (For example, new baby, moving, caring for an elderly relative, divorce, financial crisis, loss of job, etc.)
How would you rate your experience with the Doberman breed? Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert <input type="checkbox"/>
How did you learn about the temperament and characteristics of the Doberman?
What do you like most in the Doberman temperament?

Do you transport dogs in an open bed of a pickup truck or Jeep-style vehicle? If so, please describe how you ensure the dog's safety.

Where will the dog be kept during the day?

Where will the dog be kept during the night?

How many hours will the dog be left alone each day?
0-3 3-5 5-7 7-9 9-12 12+

Do you have: Dog run Dog house Dog Door Dog Crate Size

Have you taken a dog obedience class before?

Where _____ When _____

Are you a walker or runner?

Do you plan on participating in:
Agility Fly ball Obedience Therapy SAR Protection Schutzhund

What would cause you to return the dog? Please explain:

If behavior problems/issues arise, do you commit to working with a trainer, with our guidance, to correct?
Initial _____ Initial _____

Are you **certain** that you are ready to adopt now if the right dog is available?

Are you considering breeder's dogs?

Are you considering a dog from another rescue?

Have you ever been denied by a rescue? Explain: _____

Have you, or any member of the household, ever been found guilty of an Animal Control violation?

Have you, or any member of the household, been convicted of a felony in the past 10 years?

Have you ever surrendered your animal to a shelter or other rescue organization? Explain: _____

ABOUT YOUR REFERENCES

Please give us the names and phone numbers of two persons, **unrelated** to you, who know your character and your qualities as a dog owner. We **will** contact them.

Name:	Phone:

May we visit your home at a mutually convenient time?

Do you understand and agree that any dog adopted from DHDR must be returned to DHDR if you can no longer care for it, or if we find evidence of abuse or neglect and request return, and that you will be bound to do so under DHDR's Adoption Agreement?

Applicant's Signature

Co-Applicant's Signature