

Date:



## ADOPTION and FOSTER HOME APPLICATION

*Any missing information will void this application*

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

<b>ABOUT YOU</b>	<b>ABOUT YOUR SPOUSE/PARTNER</b>	
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:	
<b>Do all cohabiting spouses/partners/roommates consent to this adoption?</b>		
<b>Initial:</b>	<b>Initial:</b>	<b>Initial:</b>

<b>ABOUT YOUR HOME</b>		
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?

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

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

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

<b>QUESTIONS FOR ADOPTERS ONLY</b>
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.?

<b>QUESTIONS FOR ADOPTERS AND FOSTER PARENTS</b>
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	<input type="checkbox"/>	3-5	<input type="checkbox"/>	5-7	<input type="checkbox"/>
7-9	<input type="checkbox"/>	9-12	<input type="checkbox"/>	12+	<input type="checkbox"/>
Do you have:	Dog run <input type="checkbox"/>	Dog house <input type="checkbox"/>	Dog Door <input type="checkbox"/>	Dog Crate <input type="checkbox"/>	Size
Have you taken a dog obedience class before?					
Where			When		
Are you a walker or runner?					
Do you plan on participating in:					
Agility	<input type="checkbox"/>	Fly ball	<input type="checkbox"/>	Obedience	<input type="checkbox"/>
Therapy	<input type="checkbox"/>	SAR	<input type="checkbox"/>	Protection	<input type="checkbox"/>
Schutzhund	<input type="checkbox"/>				
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	<input type="checkbox"/>	Initial	<input type="checkbox"/>		
Are you <b>certain</b> that you are ready to adopt now if the right dog is available?					
Are you considering breeders' 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:	

<b>ABOUT YOUR REFERENCES</b>	
Please give us the names and phone numbers of two persons, <b>unrelated</b> to you, who know your character and your qualities as a dog owner. We <b>will</b> contact them.	
Name:	Phone:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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?
Do you understand and agree that dogs can be dangerous, particularly dogs that are new or unknown to me. I understand that while DHDR makes every effort to minimize risk to applicants during the meet and greet, some risk of injury, infection, or infestation will always be present.
Applicant's Signature
Co-Applicant's Signature