

Grateful Goldens Rescue

PO Box 2799

Myrtle Beach, SC 29578 Phone: 843-628-4033 Fax: 843-628-4033

www.ggrlc.org

E-mail completed form to: info@ggrlc.org

ADOPTION APPLICATION

PERSONAL INFORMATION				
Applicant's Name:	Applicant's Occupation:			
	Work Phone:			
Co- Applicant's Name:	Cell Phone:			
	Applicant's Work Hours:			
Address:	Applicant's Email:			
City:	Co- Applicant's Occupation:			
	Co-Applicants Work Phone:			
State:	Co-Applicants Cell Phone:			
Zip:	Co-Applicant's Work Hours:			
Subdivision:	Co-Applicant's Email:			
Home Phone #:				
	And do you reside in:			
Do You: Own Rent	☐ House ☐ Apartment ☐ Condo ☐ Townhouse			
How long have you lived at your present address?	Years: Months:			
If rental, name and phone number of landlord (writt	en proof of permission must be attached):			
Trental, hame and phone hamber of landord (white	en proof of permission must be attached).			
How many people reside at this address? Adults	: Children: Children Ages:			
Does anyone in your household have allergies to ani				
If yes, please explain:				
HOME ENVIRONMENT				
Have you considered the full ramifications of taking a dog into your family for the rest of its life				
Through its illness and old age? Yes: No: No:				
If you move in the future, what will you do with your dog?				
	NATI - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Do you have a fenced in yard? Yes: No: What type and height:				
If no or if not completely fenced in, how will you contain your dog to your property? (Be specific)				
Where will you keep the dog when at work, running errands or when no one is home?				
Where will you keep the dog when de work, running	citation of when he one is notice.			
Where will the dog sleep?				
,				
How many average hours during the day do you exp				
now many average nours during the day do you exp	ect the dog to be left alone?			
What will you do with the dog if you need to travel for				

Who is the Golden primarily for and who will exercise and care for the dog's daily needs?						
PET EXPERIENCE TELL US WHY YOU WANT TO ADOPT A GOLDEN RETRIEVER:						
What is your	What is your children's experience with dogs?					
		N. O				
				Reluctant to Crate	,	
	•			ake care of your dog opplies, training)?	\$	
How do you p	olan on exe	rcising	the dog	and for what length	of time?	
Are vou willir	na to enroll	the doc	in obe	dience training classe	s? □ Yes □ No	
, you will	.9 00 0 0		, 050	arenes training classe	o. <u> </u>	
What would l	oe unaccept	table be	havior	in your home for you	to want to give up the	e dog?
Have you even before?	er owned a	dog		Yes No		
Have you even before?	Have you ever house trained a dog					
Have you eve dog before?	er obedienc	e traine	ed a	Yes No		
Please list all	pets you h	ave				
owned in the						
Name(s)	Type / Breed	Age	M/F	Neutered / Spayed / Intact	Behavior with dogs	What happened to this animal?
Have you ever sold, given away or surrendered a pet to a shelter, please give details: Yes No						
,	The production of the production of producti					
Do/did you ::	co hoarture	rm n=s:	(ontativ	02		
	Do/did you use heartworm preventative? L Yes L No					
What is the name of the preventative and how often do you give it?						
What is the r	name of the	preven	itative a	and how often do you	give it?	

AGE RANGE Vould You (Characterist	GOLDEN Male:	VALUETIA						
RANGE Vould You (Characteristic		YOU'RE LO	OKING	FOR				
RANGE Vould You (Characteristic		Female:		o Preference	_			1
Vould You (Up To 6 m	os. 6 mos.	To 1yr 1	Lyr To 3yr	3yr T	o 5yr	5yr To 8yr	8yr -plus
Characterist								
Characterist	Consider A G	Golden Mix?	Yes: □ N	lo:				
		lden Retriever						
ctivity leve		ery Active			ng, Retr	ieving,	Dog-dog Play	
	Modera			walks, Yard				
	Couch				rely str	oll or vi	sits in a fenced	l yard daily.
ny otner q	ualities you	are looking for	r in a Goid	en?				
F YOU A	RE INTER	RESTED IN	ONE OF	OUR AV	AILAE	SLE G	OLDENS, PL	EASE ADD
	'S NAME						,	
ame:								
VE OFTE	N HAVE	WAITING	LIST. S	O IF THE	DOG	YOU	ARE INTER	ESTED IN
								OR ANOTHE
	OLDEN?	LD/ MAI W		TOOKAI		11101		OR ANOTHE
es: No	_							
es: 🔲 NC): <u> </u>							
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	ARIAN'S	NAME (Mu	st inclu	ae ir you	nave	usea	one in the	past.)
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ity:								
tate:		Zip		Phone:				
		Code:						
	ES: Please li	st three perso		nces (no rel	atives)	- "		
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		FIIOI	ie.			LIIIaii.		
arric.		t Grateful Gol	lden Resci	ne?				
1	net/Facebook		y / Friend		Gro	omer /	Trainer	
ow did yo			7 7 1 1 1 2 1 1 2					
ow did yo		Flyer			Oth	er:		
ow did yo Interr	ffice	other Rescue	groups? [Yes I] Oth No	er:		
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Applicant(s) Signature						
I/We attest that the Terms and Conditions of Adoption as stated below have been read in full by me/us and I/we understand that is part of the adoption process and will be enforced. I/we attest that the information provided on this application is true and accurate to the best of my/our knowledge. I/we understand that completion and submission of this application does not guarantee adoption of a Golden Retriever.						
Applicants Signature:	Date:					
Co-Applicants Signature:	Date:					
Thank you for your interest in adopting one of our Grateful Goldens. electronically or download and then email or mail to us (see top of pa						