

ADOPTION APPLICATION

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| **PERSONAL INFORMATION** |

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| **Applicant’s Name:** |  | **Applicant’s Occupation:** |  |
|  |  | **Applicant’s Work Phone:** |  |
| **Co-Applicant’s Name:** |  | **Applicant’s Cell Phone:** |  |
|  |  | **Applicant’s Work Hours:** |  |
| **Address:** |  | **Applicant’s Email:** |  |
| **City:** |  |  |  |
| **State:** |  | **Co-Applicant Occupation:** |  |
| **Zip:** |  | **Co-Applicant Work Phone:** |  |
| **Subdivision:** |  | **Co-Applicant Cell Phone:** |  |
| **Home Phone #:** |  | **Co-Applicant Work Hours:** |  |
|  |  | **Co-Applicant’s Email:** |  |
| **Do You:** Own  Rent  **Do You Reside In:** House  Apartment  Condo  Townhouse | | | |
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| **If rental, name and phone number of landlord (written proof of permission must be attached):** | | | |
| **How long have you lived at your present address? Years: Months:** | | | |
| **How many people reside at this address?** | | | |
| **Adults:** | **Children:** | **Children Ages:** |  |
| **Does anyone in your household have allergies to animals?** | | | **Yes:  No:** |
| **If yes, please explain:** | | | |

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| **HOME ENVIRONMENT** |

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| 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:** |
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| If you move in the future, what will you do with your dog? |
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| 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) |
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| Where will you keep the dog when at work, running errands or when no one is home? |
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| Where will the dog sleep? |
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| How many average hours during the day do you expect the dog to be left alone? |
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| What will you do with the dog if you need to travel for personal or business reasons? |
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| Who is the Golden primarily for and who will exercise and care for the dog’s daily needs? |
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| **PET EXPERIENCE** | | | | | | | |
| TELL US WHY YOU WANT TO ADOPT A GOLDEN RETRIEVER: | | | | | | | | |
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| What is your children’s experience with dogs? | | | | | | | | |
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| Plans for crate Use: **No Crate:  Reluctant to Crate:  Crate as Necessary:** | | | | | | | | |
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| How much do you think it will cost to take care of your dog each year? (food, vet, care, license, toys, supplies, training)?  **$** | | | | | | | | |
| How do you plan on exercising the dog and for what length of time? | | | | | | | | |
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| Are you willing to enroll the dog in obedience training classes? **Yes:  No:** | | | | | | | | |
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| What would be unacceptable behavior in your home for you to want to give up the dog? | | | | | | | | |
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| Have you ever owned a dog before? | | | | | **Yes:  No:** | | | |
| Have you ever house trained a dog before? | | | | | **Yes:  No:** | | | |
| Have you ever obedience trained a dog before? | | | | | **Yes:  No:** | | | |
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| Please list all pets you have owned in the last 5 years. | | | | | | | | |
| **Name(s)** | **Type/Breed** | **Age** | **M/F** | **Neutered / Spayed / Intact** | | **Behavior with dogs** | **What happened to this animal?** | |
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| Have you ever sold, given away or surrendered a pet to a shelter, please give details: **Yes:  No:** | | | | | | | | |
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| Do/did you use heartworm preventative? **Yes:  No:** | | | | | | | | |
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| What is the name of the preventative and how often do you give it? | | | | | | | | |

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| **TYPE OF GOLDEN YOU’RE LOOKING FOR** | | | | | | |
|  | Male: | Female: | No Preference: | |  |  |
| Age Range | Up To 6 mos. | 6 mos. To 1yr | 1yr To 3yr | 3yr To 5yr | 5yr To 8yr | 8yr - plus |
|  | | | | | | |
| Would You Consider A Golden Mix? | | | **Yes:  No:** | | | |
| **Characteristics of the Golden Retriever you hope to adopt:** | | | | | | |
| Activity level? | High/Very Active |  | Running, Swimming, Retrieving, Dog-dog Play | | | |
|  | Moderate |  | Daily walks, Yard Play | | | |
|  | Couch Potato |  | Happy with a leisurely stroll or visits in a fenced yard daily. | | | |
| **Any other qualities you are looking for in a Golden?** | | | | | | |
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| **IF YOU ARE INTERESTED IN ONE OF OUR AVAILABLE GOLDENS, PLEASE ADD THE DOG’S NAME HERE.** |
| Name: | |

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| **WE OFTEN HAVE A WAITING LIST, SO IF THE DOG YOU ARE INTERESTED IN HAS BEEN ADOPTED, MAY WE KEEP YOUR APPLICATION ON FILE FOR ANOTHER GREAT GOLDEN?** |
| **Yes:  No:** | |

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| **VETERINARIAN’S NAME (Must include if you have used one in the past.)** | | | | | | | | | | |
| Name: | |  | | | | | | | | |
| Address: | |  | | | | | | | | |
| City: | |  | | | | | | | | |
| State: | |  | Zip Code: | | |  | Phone: | | |  |
|  | | | | | | | | | | | |
| **REFERENCES:** Please list three personal references (no relatives) | | | | | | | | | | | |
| Name: |  | | | Phone: |  | | | Email: |  | | |
| Name: |  | | | Phone: |  | | | Email: |  | | |
| Name: |  | | | Phone: |  | | | Email: |  | | |

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| **How did you hear about Grateful Golden Rescue?** | | | | | | |
| Internet/Facebook | |  | Family / Friend | |  | Groomer / Trainer |
| Vet Office | |  | Flyer | |  | Other: |
| Have you applied to any other Rescue groups? Yes:  No:  If yes, please identify the group/s: | | | | | | |
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| Are you willing to have a GGR representative visit your home by appointment to approve your | | | | | | |
| application prior to adoption? | | | | Yes:  No: | | |
| If no reason: |  | | | | | |

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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. | |
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| Applicants Signature: | Date: |
|  | Click or tap to enter a date. |
| Co-Applicants Signature | Date: |
|  | Click or tap to enter a date. |
| Thank you for your interest in adopting one of our Grateful Goldens. You may submit your application electronically or download and then email or mail to us (see top of page one for address). | |
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