



ADOPTION APPLICATION

Application Instructions

Be sure to complete the application in its entirety. **To check boxes**, double click on the box you would like to check to open the check box options. Set the default value in the upper left to checked, then click okay.

When submitting an application, we also require photos of your home, including the interior and exterior. This will help give us a sense of what environment one of our dogs will be living in, and help us pick the best fit.

When you have completed the application, email it back to GDR at adopt@georgiadobermanrescue.com, or fax it to 678-666-2166.

PERSONAL INFORMATION

PRIMARY APPLICANT

Full Name:	_____	Email:	_____
Street Address	_____	City, State, Zip:	_____
Home Phone:	_____	Cell Phone:	_____
Age:	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-55 <input type="checkbox"/> 55+		
Employer:	_____		
Occupation:	_____	Employer Phone:	_____
Work Days:	_____	Work Hours:	_____
Drivers License #:	_____	Drivers License State:	_____

SECONDARY APPLICANT

Full Name:	_____	Email:	_____
Street Address	_____	City, State, Zip:	_____
Home Phone:	_____	Cell Phone:	_____
Age:	<input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 40-55 <input type="checkbox"/> 55+		
Employer:	_____		
Occupation:	_____	Employer Phone:	_____
Work Days:	_____	Work Hours:	_____
Drivers License #:	_____	Drivers License State:	_____

Is everyone in your home agreeable to adopting a Doberman? Yes No

Name	Age	Sex	Spayed/ Neutered	Describe their Personality
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. Anything additional we should know about your cats? _____

20. Do you own any other animals (other animals include horses, livestock, birds, etc.) Yes No

21. If so, how many?: _____ Name: _____ Species: _____
 Name: _____ Species: _____
 Name: _____ Species: _____
 Name: _____ Species: _____

22. When you are out of town, how are your animals cared for? _____

23. Name of current Veterinarian: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Name on account: _____

24. Do you give us permission to call your vet to obtain a reference?* Yes No

*Please notify your vet after submitting your application that we will be calling them for a vet reference.

25. What is the closest Emergency vet? _____

PAST DOGS

26. Please provide us with a history of your last 4 dogs:

Name	Breed	Age	Spayed/ Neutered	Reason for Passing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. Have you ever surrendered a pet to a Humane Society Animal Control Rescue None

If so, please explain: _____

28. Have you ever given away or sold a dog? _____

29. Have you ever been charged with animal cruelty? _____

HOME INFORMATION

30. Do you live in a: House Apartment Mobile Home Condo Townhouse
31. Do you own or rent? Own Rent
32. Landlord or Property Managements Name: _____
Phone Number: _____ Email Address: _____
33. Have you confirmed with the property manager/landlord that they allow Dobermans? * Yes No
*A letter of approval from your landlord or Property Manager is required to process your application
34. If you lease your home, is a pet deposit required? Yes No Amount: _____
35. Are you a member of an HOA?: Yes No HOA Phone Number: _____
36. Have you confirmed with the HOA that they allow Dobermans?: Yes No
37. How long have you lived at your current address?: _____ At your previous address?: _____
38. Do you have a fence? Yes No Fence Height: _____ Material: _____
37. Is your property completely fenced on all sides? Yes No
39. Is your fence attached to the house? Yes No
40. If you have no fence, how will the dog potty and exercise? _____
41. Do you have a dog run?: Yes No Do you have a doggy door?: Yes No
42. Is there shade outside? Yes No

LIVING SITUATION

43. Is there someone home during the day? Yes No At night? Yes No
44. How many hours will the dog be along each day? _____
45. Where will the dog stay during the day?: Inside Outside Both
If Both, please elaborate _____
46. Where will the dog stay at night? _____
47. Where will the dog sleep? _____

YOUR FUTURE DOBERMAN

50. Have you ever owned a Doberman before? Yes No
51. Have you done any breed research? Yes No
If so, what did you learn: _____

52. Why do you want a Doberman? _____
53. Is there a specific Doberman you are interested in? _____
54. Anything additional we should know about your current dogs? _____
55. Are you looking for: Family Pet Yes No Watch Dog Yes No Guard Dog Yes No
Breeding Dog Yes No Dog for work Yes No Hunting Dog Yes No
56. Color Preference: Red/Rust Black/Rust Blue/Tan Fawn/Tan Albino No Preference
57. Ears: Cropped Natural No Preference 58. Tail: Docked Natural No Preference
59. Special Needs: Yes No Possibly 60. Personality: _____
61. Age: Under 1 year 1-3 years 4-7 years 7+ years
62. Do you plan to spay/neuter: Yes No Undecided
63. Do you plan to crop the ears: Yes No Undecided
64. Do you plan to take your Doberman to Obedience/Training Classes: Yes No Undecided
If no, how do you plan to train and socialize your Doberman: _____
65. Do you plan to crate train your Doberman: Yes No Undecided
66. When do you plan to use a crate? _____
67. What sort of activities do you plan to do with your Doberman? (Examples include hiking, running, agility, etc.)

68. What behaviors would you find unacceptable in your Doberman, and how would you remedy them:

69. What would you expect to spend per year on your Doberman: _____

GENERAL QUESTIONS

70. How did you hear about us? _____
71. Have you ever adopted from another rescue? Yes No
If so, who: _____
72. What could cause you to surrender your Doberman: _____
73. Do you understand that these dogs are obtained from shelters and situations where often times, their past,

medical background and behavioral background are unknown? Yes No

74. If a behavioral issue surfaces, will you take the dog to see a behaviorist? Yes No

75. Will you seek immediate medical attention when needed? Yes No

76. Many of our Dobermans are in foster homes across Georgia. How do you intend to get the dog?

REFERENCES

Please provide 2 personal references in addition to your veterinarian given above. Make sure you let them know to expect a call or email from us.

77. Name: _____	Relation: _____
Phone: _____	Email: _____
78. Name: _____	Relation: _____
Phone: _____	Email: _____

ADOPTION APPLICATION CHECKLIST

NOTE: The items below are required to process your application. Please make sure that all requirements are submitted so there is no delay in processing your application.

79. Did you include photos of your home? (outside front and back and all rooms) Yes No
80. If you rent, did you get written permission from your landlord to include with your application? Yes No
81. Did you completely fill out the application? Yes No
82. Have you contacted your vet and references to let them know we will be contacting them? Yes No

AGREEMENT

The information on this questionnaire will be kept confidential.

I certify that all the information provided is complete and correct to the best of my knowledge. I also agree to allow Georgia Doberman Rescue to contact my vet and obtain my pet's vet records. I understand that by

completing this application, I am not entitled to a Doberman and have read and understand the application process as listed on the website at www.georgiadobermanrescue.com/adopt.

Signed: _____

Print Name: _____

Date: _____

When you have completed the application, email it back to GDR at adopt@georgiadobermanrescue.com, or fax it to **678-666-2166**. If neither email nor fax is an option, please mail the application to:

Georgia Doberman Rescue
PO Box 1642
Griffin, GA 30224

FOR GDR STAFF ONLY

Reviewed by: _____ Date: _____ Time: _____

Notes: _____

