



## FOSTER 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 [foster@georgiadobermanrescue.com](mailto:foster@georgiadobermanrescue.com), or fax it to 678-666-2166.

### PERSONAL INFORMATION

#### PRIMARY FOSTER

<b>Full Name:</b>	_____	<b>Email:</b>	_____
<b>Street Address</b>	_____	<b>City, State, Zip:</b>	_____
<b>Home Phone:</b>	_____	<b>Cell Phone:</b>	_____
<b>Age:</b>	<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+		
<b>Employer:</b>	_____		
<b>Occupation:</b>	_____	<b>Employer Phone:</b>	_____
<b>Work Days:</b>	_____	<b>Work Hours:</b>	_____
<b>Drivers License #:</b>	_____	<b>Drivers License State:</b>	_____

#### SECONDARY FOSTER

<b>Full Name:</b>	_____	<b>Email:</b>	_____
<b>Street Address</b>	_____	<b>City, State, Zip:</b>	_____
<b>Home Phone:</b>	_____	<b>Cell Phone:</b>	_____
<b>Age:</b>	<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+		
<b>Employer:</b>	_____		
<b>Occupation:</b>	_____	<b>Employer Phone:</b>	_____
<b>Work Days:</b>	_____	<b>Work Hours:</b>	_____
<b>Drivers License #:</b>	_____	<b>Drivers License State:</b>	_____

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

**CHILDREN**

1. Do you have any children?  Yes  No

2. If so, how many? \_\_\_\_\_

3. List children's names and ages:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

4. Do you have anyone other than your children and spouse that live in the home with you?  Yes  No

5. If yes, please list:

Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____

6. Will there be any other children that will spend a lot of time around this dog?  Yes  No

7. List children's names and ages:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

8. Have you ever been charged with child abuse?  Yes  No

**PETS**

9. Do you have any dogs?  Yes  No

19. If so, how many? \_\_\_\_\_

11. List dog information below:

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

12. Are your dogs on HW preventative:  Yes  No

13. Up to date on vaccinations?:  Yes  No

14. What brand food do you feed your dogs? \_\_\_\_\_ Do you free feed?:  Yes  No

15. Anything additional we should know about your current dogs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Do you have any cats?:  Yes  No 17. If so how many?: \_\_\_\_\_

18. List cat information below:

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. Do you have a fence? Yes No Fence Height: \_\_\_\_\_ Material: \_\_\_\_\_
35. Is your property completely fenced on all sides? Yes No
36. Is your fence attached to the house? Yes No
37. If you have no fence, how will the dog potty and exercise? \_\_\_\_\_  
\_\_\_\_\_
38. Do you have a dog run?: Yes No Do you have a doggy door?: Yes No
39. Is there shade outside? Yes No

### LIVING SITUATION

40. Is there someone home during the day? Yes No At night? Yes No
41. How many hours will the dog be along each day? \_\_\_\_\_
42. Where will the dog stay during the day?: Inside Outside Both  
If Both, please elaborate \_\_\_\_\_  
\_\_\_\_\_
43. Where will the dog stay at night? \_\_\_\_\_  
\_\_\_\_\_
44. Where will the dog sleep? \_\_\_\_\_  
\_\_\_\_\_

### 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.

45. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
46. 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.

- 47. Did you include photos of your home? (outside front and back and all rooms)  Yes  No
- 48. If you rent, did you get written permission from your landlord to include with your application?  Yes  No
- 49. Did you completely fill out the application?  Yes  No
- 50. 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 foster a Doberman and have read and understand the application process as listed on the website at [www.georgiadobermanrescue.com/foster](http://www.georgiadobermanrescue.com/foster).

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

When you have completed the application, email it back to GDR at [adopt@georgiadobermanrescue.com](mailto: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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_