



# Daytona Beach German Shepherd Rescue

<http://www.dbgsdrescue.org>



## DOG ADOPTION APPLICATION

Thank you for your interest in adopting a dog rescued by the Daytona Beach German Shepherd Rescue.

Please enter the name of the dog you are interested in: \_\_\_\_\_

### **ABOUT YOU:**

Full name: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status (single, divorced, other): \_\_\_\_\_  
(Required to be 21 years or older to adopt a dog from Daytona Beach German Shepherd Rescue)

Your address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Employer name: \_\_\_\_\_ Employer phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

### **HOUSEHOLD INFORMATION:**

Type of residence: \_\_\_\_\_ (home, apartment, town home, mobile home, other)

Do you own, rent, lease, live with relatives: \_\_\_\_\_

For the following, if rent, provide name of landlord and contact number; if HOA provide name of contact person and contact number

Contact Name: \_\_\_\_\_ Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Home/Renters insurance company Name: \_\_\_\_\_ Number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Any restrictions from your landlord of subdivision? (yes/no): \_\_\_\_\_; If yes: \_\_\_\_\_  
(number of pets, size of pets, breed restrictions)

How many times have you moved in the last 5 years? \_\_\_\_\_

Do you have a fully fenced yard? (yes/no): \_\_\_\_\_; If yes: (height and type of fence) \_\_\_\_\_

Do you have any of the following (underground fence, outside dog run, doggie door) \_\_\_\_\_; If yes: \_\_\_\_\_

How many adults live in your household? \_\_\_\_\_

How many children live in your household (list ages of children)? \_\_\_\_\_; ages: \_\_\_\_\_

Does anyone in the household have allergies to dogs or asthma? (yes/no): \_\_\_\_\_; If yes: \_\_\_\_\_

Is everyone in the household in agreement about adopting a dog? (yes/no): \_\_\_\_\_

Describe your household activity/noise level (active, mellow, quiet): \_\_\_\_\_

Who will be the primary caregiver for this animal? \_\_\_\_\_

For how many hours a day will the dog be alone? \_\_\_\_\_



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## **CURRENT/PREVIOUS PET INFORMATION:**

### **List currently/own pets:**

Pet Name	Species	Age	Spayed or Neutered	Owned (years)	Veterinarian Name

### **Veterinarian Detail:**

Name	Address	Number

### **List any pets you have owned in the last 10 years:**

Pet Name	Species	Age	Spayed or Neutered	Owned (years)	What happened

### **Feline details:**

Do you have a cat? (yes/no): \_\_\_\_\_; If yes complete below:

does it get along with other animals? (yes/no): \_\_\_\_\_; Declawed (yes/no): \_\_\_\_\_;

### **Overall details:**

Have you ever given a pet to a rescue/shelter/returned to breeder or sold it?

(yes/no): \_\_\_\_\_; detail: \_\_\_\_\_

Have you even had a pet for a short period of time and it didn't work out?

(yes/no): \_\_\_\_\_; detail: \_\_\_\_\_

Have you ever had a pet lost/stolen or hit by a car?

(yes/no): \_\_\_\_\_; detail: \_\_\_\_\_

### **NEW PET INFORMATION:**

Where will the new pet live (Indoors mostly/outdoors for exercise, outdoors mostly/indoors on occasion, indoor only, outdoor only, not sure, other): \_\_\_\_\_

Where will the new pet be when nobody's home (inside the house, inside the house in a crate, laundry room, garage, porch, outside): \_\_\_\_\_

Where will the new pet sleep at night? \_\_\_\_\_

Are you willing to work through your new pet's adjustment issues? (yes/no): \_\_\_\_\_

Are you willing to provide vet care that could exceed \$2000 a year for unexpected issues? (yes/no): \_\_\_\_\_

What type of flea and heartworm preventative will you use? (Frontline, Heartgard, trifexis, Comfortis, other (please specify): \_\_\_\_\_

Type of leash and collar you will use? (nylon, leather, fur saver, choker, pinch, other, not sure): \_\_\_\_\_



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What circumstances might justify giving up a dog? (check all that apply)

<input type="checkbox"/>	baby	<input type="checkbox"/>	moving	<input type="checkbox"/>	shedding	<input type="checkbox"/>	job change
<input type="checkbox"/>	traveling	<input type="checkbox"/>	divorce	<input type="checkbox"/>	allergies	<input type="checkbox"/>	dog's behavioral problems
<input type="checkbox"/>	dog becomes ill	<input type="checkbox"/>	dog doesn't get along with other pets	<input type="checkbox"/>	dog is destructive	<input type="checkbox"/>	dog is not housebroken
<input type="checkbox"/>	other						

Would you be interested in professional obedience training suggested by our rescue (yes/no)? \_\_\_\_\_

### **NEW PET PREFERENCES:**

Size (small, medium, large, any size)	_____
male, female, young, puppy, senior	_____

Reason for adopting: (companionship, protection, other): \_\_\_\_\_

How soon are you hoping to adopt a dog? \_\_\_\_\_  
(right away, not in a hurry, willing to wait for the right dog, other)

Energy level preferred: \_\_\_\_\_  
(low, medium, high)

Do you intend to: \_\_\_\_\_  
(walk dog on/off leash, dog exercise in back yard/dog park/hiking/jog/other)

Do you believe in crate training? (yes/no): \_\_\_\_\_

What kind of dog owner do you consider yourself to be? \_\_\_\_\_  
(strong leader, loving caretaker, other)

Your ideal dog would be: \_\_\_\_\_

Bad dog habits you cannot tolerate: \_\_\_\_\_

Would you like to add any additional information for our Rescue to know? (yes/no): \_\_\_\_\_; If yes, detail below:

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\_\_\_\_\_  
Signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY