

Golden Retriever Rescue & Adoption of Needy Dogs (GRRAND)



GRRAND ADOPTION APPLICATION

April 2014

APPLICANT INFORMATION

Full Name:

Home Phone:

Cell Number:

Other:

Current street address:

City:

State:

ZIP Code:

Email Address:

HAVE YOU ADOPTED FROM GRRAND IN THE PAST?

Have you adopted from GRRAND in the past? YES NO

If you have adopted in the past, in what year did you adopt?

List the name(s) of your pet(s) at the time of adoption.

EMPLOYMENT INFORMATION

Occupation:

Employer:

Employer Phone Number:

COMMITMENTS

The average Golden lifespan is 10-14 years. Do you agree to spend the time and money necessary to provide training, medical treatment, and proper care for your dog for its entire life?

Yes, I understand this is a long term commitment.

Your adopted Golden may need time to adjust to its new home. Rescued Golden Retrievers may have been in neglectful and/or abusive situations, and therefore may experience difficulty making the transition to a new home.

I understand patience is necessary as my Golden adjusts to its new home.

HOUSEHOLD INFORMATION

Please list all household members and corresponding age(s):

What are your current living arrangements? House Apartment Duplex Mobile Home Condominium

Do you rent or own? Rent Own

If you rent, does your lease allow pets? YES NO

If you rent, what is your landlord's address?

If you rent, what is your landlord's phone number?

Will your adopted dog have any contact with children under the age of 10? YES NO

If your dog will have contact with children under the age of 10, please list the ages of the children and frequency of contacts.

What is your typical work schedule? For example, Monday through Friday 8:30 a.m. to 5:00 p.m.

What is your child's weekly school schedule? Please respond "NA" if not applicable.

What interests and hobbies do you enjoy?

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Will your adopted Golden be kept Inside or Outside?

Dog location during the daytime hours:

Dog location during the nighttime hours:

Dog location when you are away from the home:

What will you do with the dog when you are on vacation?

Will your dog be left alone without human interaction on a periodic basis? YES NO

If your dog will be left alone on a periodic basis, please describe the frequency and time intervals the dog will be left alone.

Do you plan to exercise your dog on a regular basis? YES NO

If you do plan to exercise your dog regularly, please describe the type of exercise and frequency.

Do you have a gender preference? Male Female Either

Do you have an age preference? Puppy to 3 years 4-7 years 8+ years No age preference

What activity level would you desire for your dog? Low Low - Moderate Moderate Moderate - High High

Do you have a specific dog in mind from GRRAND's website? YES NO

If you have a specific dog(s) in mind, please list by name:

Do you have an interest in adopting a dog with a medical condition or a pair of dogs that cannot be separated (Special Needs Dog(s))? YES NO

If you are interested in adopting a Special Needs dog, please describe the type.

Do you have a fenced yard? YES NO

What type of fence? Chain Link Privacy Underground Other, please describe.

CURRENT AND PAST PETS

Is this your first experience owning a dog? YES NO

What will be the main function of your adopted dog? Companion Watchdog Family Pet Companion for another dog

Do you currently own any other pets? YES NO

For each of your current pets, please provide the following information:

NAME OF PET	BREED	AGE	VACCINATIONS UP TO DATE? Yes/No	SPAYED OR NEUTERED? Yes/No

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In the past 6 years, how many dogs have you owned that you no longer have?

In the past 6 years, how many cats have you owned that you no longer have?

Please describe these dogs and/or cats, and explain what happened to them.

VET INFORMATION

What is the name of your Vet?

What is the phone number for your vet?

What is the complete address of your vet?

Under what name is your account listed with the vet?

REFERENCES

Your application cannot be processed until we have made contact with your references. In order to expedite the processing of your application, please provide references who can be easily reached and who have been informed that they will be receiving a call from GRRAND volunteers on your behalf. List three references along with phone numbers below. At least two must not be family members.

Reference #1 Name:

Reference #1 Phone

Reference #2 Name:

Reference #2 Phone

Reference #3 Name:

Reference #3 Phone

COMMENTS

Please tell us why you consider your home a good choice for the adoption of a GRRAND dog.

How did you learn about GRRAND?

SIGNATURE OF APPLICANT

I/we hereby affirm, acknowledge, warrant and represent that ALL information contained in this agreement is true and correct to my/our best knowledge and belief.

Signature:

Date:

Mail your GRRAND Adoption Application to:

**GRRAND
P.O. Box 6132
Louisville, KY 40206**