



Great Dane Rescue of the Carolinas, Inc.

10425 Mt. Holly-Huntersville Road
Huntersville, NC 28078
Phone: 704-697-9706 • FAX: 704-498-4944
www.greatdanerescue.org

Adoption Application

Date/Time:	
How did you hear about us?	Dog(s) Selected:
<input type="checkbox"/> GDRC website <input type="checkbox"/> Petfinder.com <input type="checkbox"/> PetSmart <input type="checkbox"/> Petco <input type="checkbox"/> Public Event <input type="checkbox"/> Other:	
Volunteer Assigned:	

A recovery fee must be paid at the time of adoption. This recovery fee includes without limitation the cost of micro-chipping, spaying or neutering, if applicable, and vaccinating the dog that you are applying to adopt (the "Adoptee") and helps to offset other incidental costs incurred by the Great Dane Rescue of the Carolinas ("GDRC") in caring for the Adoptee.

The answers you give on this application will assist in finding the best possible match between you and the dogs available through GDRC.

All questions in this application must be completed in order to be considered for adoption (**incomplete applications are not considered**). When finished, please give the form to one of our volunteers. They will assist you further.

Thank you for your cooperation.

Name(s): _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

Cell #: _____ E-mail: _____

Have you visited our facility? If so, when & what dog(s) interested you? _____

List all people living in the house, including age and relationship: _____

Does anyone living in your house have allergies to animals? Yes No

If yes, please explain: _____

Please list previous veterinarian up to 5 years ago. (PLEASE CONTACT YOUR VET TO LET THEM KNOW WE WILL BE CALLING.)

Veterinarian name: _____

Office phone: _____

If you don't currently own any animals, please list two personal references. You may list 1 relative, please note which is a relative and how related. **DO NOT LIST WORK NUMBERS OR PEOPLE LIVING IN YOUR HOME.**

Name: _____

Phone: _____ Best time to contact: _____

Name: _____

Phone: _____ Best time to contact: _____

What type(s) of dog are you interested in adopting? Dane: Yes No Other (describe): _____

Does everyone living in your house know that you plan to adopt this type of dog? Yes No

Do you live in a/an: House Apartment Condo

Do you: Own Rent

If you live in an apartment or condo, on what floor do you reside? _____

If you rent, what is your landlord's policy on dogs? _____

What is your landlord's name? _____

Landlord's office number: _____

Does your landlord or insurance company have breed restrictions? _____

Do you have a fenced yard? Yes No If yes, what type of fence? _____ How high is the fence? _____

If no, do you plan to fence your yard? Yes No If yes, when? _____

If no, do you have another way to contain your dog while he/she is outside? Yes No

Please explain: _____

Do you have any children or children that visit often? Yes No If yes, how many? _____

What age(s)? _____

If no, do you plan to have children in the future? Yes No

Do you have dogs or other animals that visit your home on a regular basis? Yes No

List all dogs and cats you have had in the last 10 years:

Canine Name	Breed	Gender	Age	Spayed/Neutered	Still Living?	Still Own?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Feline Name	Breed	Gender	Age	Spayed/Neutered	Still Living?	Still Own?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you still own all animals listed above? If no, please explain: Yes No

List cause & date of death for deceased pets: _____

Are all your pets spayed or neutered? Yes No

If no, please explain: _____

Are all your pets up-to-date on vaccinations? Yes No

If no, please explain: _____

If you have a dog, is he/she on heartworm preventative? Yes No What kind? _____

If no, please explain: _____

Have you ever bred any animals that you currently own or previously owned? Yes No

If yes, please explain: _____

What is your occupation? _____

How many hours will the dog be home alone during the day? _____

Where will the dog be when you are not home? _____

Where will the dog sleep? _____

Where will the dog be when you are at home? _____

What will you do with the dog when you travel? _____

Do you have preferences regarding the following, if so, please describe: Age: _____ Gender: _____

Would you consider a special needs dog? Yes No Have you ever owned a rescue dog? Yes No

In the event of your physical disability or death, who will take responsibility for this animal? _____

Please explain in 50 words or less why you want to adopt and, more specifically, why you want to adopt the type of dog that you indicated above.

Have you ever applied, or are you currently applying to adopt a dog from another rescue, animal shelter or humane society? Yes No

What organization(s) and when? _____

What were the results? _____

Under what circumstances might you want to return Adoptee? (Examples might include: marriage, new baby, divorce, behavior issues, financial stress, moving and job changes.)

By signing below: (1) I authorize GDRC to check the veterinary and personal references listed in this application, (2) I certify that the information I have given is true, correct and complete, (3) I authorize investigation of all statements in this application, (3) I authorize my veterinarian to release all information requested by GDRC, (4) I UNDERSTAND THAT (A) GDRC RESERVES THE RIGHT TO DENY MY ADOPTION APPLICATION FOR ANY REASON WHATSOEVER, INCLUDING, WITHOUT LIMITATION, IF GDRC FINDS THAT SUCH ADOPTION WOULD BE CONTRARY TO GDRC'S ADOPTION POLICIES, IN VIOLATION OF ANY STATE OR LOCAL ORDINANCES, OR NOT IN THE BEST INTEREST OF THE ADOPTEE, IN EACH CASE, AS DETERMINED BY GDRC IN ITS SOLE DISCRETION AND (B) IN THE EVENT THAT MY APPLICATION IS DENIED, GDRC SHALL NOT BE REQUIRED TO DISCLOSE THE REASONS FOR SUCH DENIAL. (5) I understand that failure to comply with the completed adoption contract could result in my inability to adopt other animals from GDRC and could require that I return the Adoptee to GDRC upon demand, and (6) this completed adoption application is the property of GDR and is not to be removed from GDRC's premises.

Signed: _____ Date: _____

Adoption Counselor assigned: _____

Adoption Counselor Notes: _____

Date application approved: _____

Preferred dog: _____

Date adoption approved: _____

Date of adoption: _____

If not approved, details: _____

