



## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_