

**ADOPTON APPLICATION**

Tele: (302) 650-1710 or (610) 848 0369

Email to: tristateshepherdrescue@gmail.com

 (Best to email)

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**CONTACT AND PERSONAL INFORMATION**

**First Name: **

**Last Name: **

**Street Address: **

**City: **

**State: **

**Zip: **

**Home Phone:  Work:  Cell Phone: **

**E-Mail: **

**Do you know about the $350 Adoption Fee Plus transport fee where applicable?**

**Can you pay it?**

**Which dog you are interested in adopting: **

**Employer’s name/number: **

**Spouse’s Employer/number: **

**Do you live with: Spouse/Partner Roommate(s) Parents Children:**

**Alone**

**How old are you?  Your Spouse?  Others in the house:**

**Please include children and their ages**

**Does every individual in your home know that you are adopting? Yes No**

**Do any individuals in your home have allergies to animals? Yes No**

**How often have you moved in the past 5 yrs? **

**References:** Please provide the name of your employer, clergyman, or anyone not related to you who can attest to your character. Vet references are preferred.



**LIVING SITUATIONS AND LIFESYLE**

**Dog’s living situation (check all that apply)**

**house pet, living inside with family**

**live in basement or garage**

**live outdoors**

**Guard Dog for: Business Residence**

**Other – Please specify: **

**How many hours per day will dog be home alone? **

**When home alone dog will be (check all that apply)**

 **in crate, wire cage, or dog pen inside**

**In a kennel: Outdoor Indoor Both**

 **Tied up outside**

 **Cable Run With a chain**

**Dog will be loose: Indoor Outdoor**

**Other – Please specify: **

**what kind of exercise will the dog have?**

 **Leash walks – how often**

**Will have cable**

**Dog run in the yard**

 **Free to run in fenced yard**

**Supervised access to unfenced yard**

**Unsupervised**

 **Dog Park (Public area where dogs can run and play together off-leash)**

**Other – Please specify: **

**Is the home: Urban Suburban Townhouse Rural**

**Yard size is: Small Medium Large Acreage No Yard**

**Is the yard enclosed by a fence? Yes No**

**If so: Height:  Length:  Type of fencing: **

**Do you live in a House? Apartment Condo**

**Are there any restrictions on pets in the development by an association or other entity**

**If you are renting, please provide Landlord’s name and phone number for verification:**

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**\*\*PROOF MUST be provided before adoption: we reserve the right to call the landlord or apartment Complex for verification.**

# PREFERENCES – WHAT ARE YOU LOOKING FOR?

**Please list preferences:**

**AGE**

**MALE/FEMALE**

**SIZE**

**PUREBRED OR MIX**

**ENERGY LEVEL –are you a marathoner or a couch potato? Please give us details of activities you and your family enjoy.**

**OTHER PETS AND EXPERIENCE**

Please list pets you have currently or have had in the last three years

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **NAME** |  **BREED** |  **ALTERED** |  **AGE** |  **UP TO DATE ON VACCINES?** |  **WHERE IS PET CURRENTLY?**  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |
|  |  | Yes No  |  |  |  |

**What is the name and tele. of your past AND current veterinarian/clinic name? Have you called them to tell them your references may be checked? You need to give permission.**

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**Do you know what heartworm disease is and how to prevent it? Yes No *if you do not know we will be more than happy to explain.***

**Is/were you current dog(s)/previous dog(s) on heartworm prevention? Yes No**

**Have you ever been convicted of animal cruelty, dog fighting, or other crime relating to animals? Yes No**

**If yes, explain **

**Have you ever had an animal impounded? Yes No**

**Was the animal Reclaimed? Yes No If not, explain **

**Have you ever had to give up a Pet for any reason? Yes No If yes, explain **

**Are you aware of the financial responsibility involved in owning a pet (high quality food, treats, toys, annual vaccinations, flea prevention, heartworm prevention, emergency costs, etc.) and are you prepared to take care of this animal for the duration of its life? Yes No**

**Part of our adoption process includes visiting the dog’s potential new home. Will you allow a representative to visit your home by appointment? Yes No**

**What is your experience with German Shepherds and also with dogs generally?**

**Tell us what else you are looking for in a dog.**

***By submitting this form I certify that the answers in the above Adoption Application are true. I understand that if falsifications exist in this application the adoption process will be terminated.***

**Additional Information or Comments:**

Contact Information:

tristateshepherdrescue@gmail.com

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Wilmington DE 19802

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Fax: 302-291-3339