



ADOPTON APPLICATION

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

Email to: tristateshepherdrescue@gmail.com

(Best to email)

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

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.

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

108 East 29th Street

Wilmington DE 19802

Tele: 302 650-1710

Fax: 302-291-3339