

Date App Rcd: / / Processing Fee Rcd: / / ___check#___ ___PayPal #___
Vet Ck: / / by ___ Notes: _____
LL: / / contact person: _____ Notes: _____
Home Visit: / / by: _____ Notes: _____
APP DN Action required: _____
Disposition

Date: / / ADOPTED: ID# Name: WITHDRAWN NO CONTACT

GREAT DANE RESCUE OF SOUTHEAST TEXAS

MAIL TO: 16516 EI CAMINO REAL #402, HOUSTON, TEXAS 77062-5723
FAX TO: 281-480-0601 IF YOU HAVE QUESTIONS, PLEASE CALL 281-989-9048

Please realize it may take anywhere from 1-7 days to process your application.

\$19 nonrefundable adoption application processing fee within TX, OK, AR, LA

\$35 nonrefundable out-of-area adoption processing fee for all other areas (\$26 applied towards adoption fee if approved) payable by check to GREAT DANE RESCUE OF SOUTHEAST TEXAS

ALL potential adopters and foster homes are screened for suitable placements of animals. Great Dane Rescue of Southeast Texas may refuse placement of an animal for any reason. By submitting this application, you give permission for Great Dane Rescue of Southeast Texas to investigate and confirm the information that you provide. All forms become the Great Dane Rescue of Southeast Texas upon submission.

PLEASE FILL OUT ALL INFORMATION IN THE VETERINARY RELEASE BOX BELOW. APPLICATION CANNOT BE PROCESSED WITHOUT THE INFORMATION:

Release for Veterinary Reference:

I, _____, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals to Great Dane Rescue of Southeast Texas
_____ (signature).

My current veterinarian is _____ located at

_____ and can be reached at () -

Full name _____

DL# _____ DOB _____ e-mail address _____ () _____
Cell Phone _____

Street Address _____ City _____ State _____ Zip _____ () _____
Home Phone _____

() _____
Work phone _____ Employer Name and Address _____

Spouse name _____ Spouse Employer _____ () _____
Work phone _____

I live in a: house apartment mobile home condo other: _____

Number of adults in household: _____ Number of children in household and the ages: _____

Do you anticipate having children as members of your family/household within the next 8 years? Yes No

How often will your dog come into contact with children (close neighbors, grandchildren, etc.)? _____

How old are those children? _____

Do ALL of the adults in the household consent to this adoption? Yes No

Are you or your spouse a student? Yes No If yes, full time or part time: _____

Do you or your spouse travel frequently? ____ If yes, how often? _____

What will you do with this pet when you need to travel? _____

Does anyone have any concerns about adopting this pet? ____ If so who and what are the concerns _____

Does anyone living in the house have allergies to dogs? Yes No Does anyone have asthma? Yes No

Do you have an enclosed fenced yard? Yes No Type: wood chainlink rod iron cattle fencing other _____

Height of shortest side? _____ ft

How long at current address? _____ years _____ months Do you own your home? Yes No

Do you plan to move in the next 12 months? Yes No If yes, where: _____

What will you do with this pet if you have to move? _____

How many times have you moved in the past 10 years? _____

If you rent:

Does your landlord allow pets? Yes No Is a pet deposit required? Yes No

How much? \$_____ per pet OR per household Size/Weight limit? Yes No Limit: _____

Can proof of deposit be obtained from your landlord? Yes No

Name of Apartment Complex or Landlord () Phone number (required)

This pet will be kept: mostly inside mostly outside totally inside totally outside

How long will this pet be left home alone during the day? _____ hrs x _____ days/week

Where will this pet be kept while you are at work or away from home? _____

Where will this pet sleep at night? _____

Are you willing/able to complete obedience classes with this dog if needed or advised? Yes No

Are you willing/able to purchase and use a cage/crate if needed or advised? Yes No

Do you have a pet door? Yes No

How will you teach housebreaking? _____

Who are you getting this animal for? Self as a gift
for: _____

Have you ever owned a Great Dane or giant breed dog before? _____

Why would you like to add a dog to your family at this time? _____

What qualities are you looking for in the dog that you would like to adopt? Be very specific (very active vs. couch potato; want to do obedience work/agility/flyball; interested in therapy certification, etc) so that we can make the best match.

What do you expect to be the worst and/or hardest part about adopting a rescued dog, and how do you plan to address it?

What do you consider an acceptable adjustment period for your adopted pets and the pets already in your home?

PUPPY AGREEMENT

Proof of spay/neuter must be provided to GDRST before the dog is 9 months old. Failure to do spay/neuter will result in the

repossession of the dog. I agree (Owners signature)_____

Date_____

All puppy shots will also be the sole responsibility of the new owner, and proof of these shots must be provided to GDRST at the designated time frames – 6 weeks, 12 weeks, and 6 months or as prescribed by your vet.

I agree (Owners signature)_____ Date_____

Heartworm medication will be given monthly to the dog as prescribed by your vet. I agree (Owner Signature)_____

_____ Date_____

PET OWNERSHIP HISTORY

Have you ever adopted from a humane group or shelter? Yes No

If yes, who did you adopt from: _____ When?_____

Have you ever given an animal up for adoption or gotten rid of an animal? Yes No

If so, why? _____

What did you do with the animal?

Explain (continue on the back of this sheet if needed) what efforts/steps you made to keep the pet prior to deciding to find it a new home (i.e. Did you consult a professional? If so, who and what did they recommend? How long did you try to work on the problem? How did you find your pet a new home?)

Are all the pets in your household current on their shots? Yes No No pets Date of last vaccinations?_____

Are all your dogs on heartworm preventive? Yes No No dogs What kind of preventive?_____

What is the date of last heartworm preventive given? _____

Have any pets in your household been diagnosed with infectious diseases or conditions?

Heartworms Yes No **Distemper** Yes No **Parvovirus** Yes No

Please list all pets currently owned or owned within the last five years (use back if you need more room):

*If current pet is a mixed breed dog, please indicate size of pet (small/medium/large).

1. dog cat *Breed:_____ male female Age:_____ Length of ownership:_____

Was it spayed/neutered? Yes No If no, why not?_____

Do you own the pet now? Yes No If no, what happened to it?_____

This pet was kept: mostly inside mostly outside totally inside totally outside

2. dog cat *Breed:_____ male female Age:_____ Length of ownership:_____

Was it spayed/neutered? Yes No If no, why not?_____

Do you own the pet now? Yes No If no, what happened to it?_____

This pet was kept: mostly inside mostly outside totally inside totally outside

3. dog cat *Breed:_____ male female Age:_____ Length of ownership:_____

Was it spayed/neutered? Yes No If no, why not?_____

Do you own the pet now? Yes No If no, what happened to it?_____

This pet was kept: mostly inside mostly outside totally inside totally outside

Please list additional pets, if appropriate, on the back of this sheet and check here ()

Please rate the following issues/traits per their importance in your adopted pet:

P-preferred A-Acceptable R-Required N-Not acceptable/will not accept

___Needs Obedience Training ___Good with cats ___Good with other dogs of all sizes

___Good with other large dogs ___ Already crate trained ___Has Fear of Storms

___Good with children of all ages ___Needs housebreaking work ___Timid with new people

PREFERENCES (please circle appropriate answers)

Do you have a preference of sex? No preference male female

Do you have an age preference: no age preference under 6 months 6mos- 1 yr 1-3 yrs 4-6 yrs senior

Which of the above are requirements (you will not consider any Dane except one that meets this specification)?

Would you be willing to adopt a Dane with special needs? Yes No

If yes, which special needs would you consider? Needs surgery Needs ongoing medications Blind Deaf Other

Would you consider adopting a Great Dane mix? Yes No

When will you be ready to adopt? DATE YOU ARE READY TO ADOPT/TAKE HOME A DANE:_____

(Please note that if you are not ready to adopt within one month, your application will be partially processed and then temporarily filed. Your home visit & vet reference check will be performed 2-4 weeks prior to your being ready to adopt.)

If you reside outside of South Texas, are you willing and able to travel Houston to meet and adopt? Yes No

When are you able to make the trip? DATES AVAILABLE TO TRAVEL TO ADOPT:_____

Are you currently working with another rescue group to adopt? Yes No If yes, which group?_____

(Note: Please inform us if you decide to work with another group in addition to ours after you apply to us. Please inform us if you adopt from another group or decide not to adopt so we can mark your application inactive.)

Have you read all the contents of the information booklet that has been provided to you by Great Dane Rescue of Southeast Texas? Yes No

If no, why not?

Have you done other research into the Great Dane breed? Yes No

If yes, where did you obtain the information?

How did you find Great Dane Rescue of Southeast Texas?

Internet Search Newspaper Ad Friend or family referral Walk up to Meet & Greet Event Other:_____

() Great Dane Rescue of Southeast Texas offers a special program for senior citizens and those needing an extra hand with pet care. Please check here if you are interested in learning more about our Seniors for Seniors program and how to qualify.

Do you give permission for a Great Dane Rescue of Southeast Texas representative to visit your home prior to adoption to do a home check and after adoption to do follow up checks on your adopted pet? Yes No

I confirm that all the information in this application is correct and complete to the best of my knowledge. I understand that any false or misrepresentation of information discovered either now or in the future will cause my application to be denied. I also confirm that I have read all contents of the information booklet provided by Great Dane Rescue of Southeast Texas.

Signature : _____ Date:_____