



ADOPTION APPLICATION

Golden Retriever Rescue of Central NY Inc.

Complete, Sign & Send To:

GRRRCNY Inc.

P.O. Box 735

Jamesville, NY 13078

PERSONAL INFORMATION

Name of Applicant: _____

Name of Co-applicant (adults over 18 yrs. only) _____

Relationship to Applicant: Spouse Partner Roommate Other _____

Address: _____

City, State, Zip _____

Phone: Home (____) _____ Cell (____) _____

E-mail _____

Applicant's Employer _____ Job Title _____

How did you hear about GRRRCNY? _____

DOG PREFERENCES

(This information will guide us in finding the Golden best suited to your situation. Applicants should understand that the more latitude indicated here, the higher the potential for finding a dog in the shortest period of time).

SEX _____ Prefer Require If you answered "require," please explain: _____

AGE _____ Prefer Require If you answered "require," please explain: _____

Would you consider a dog: Older than 3 years? _____ Older than 5 years? _____

Please list, **in order of importance**, the attributes you are seeking in a dog:

a. _____

b. _____

c. _____

1. Please explain why you want to adopt this animal: Companion Gift Guard Dog
 Personal Protection For a Child Other _____

HOUSEHOLD & DOG CARE INFORMATION

2. Do you live in a: House Townhouse Apartment Duplex Condo

3. Do you: Own or Rent

4. Do you have a fenced yard? _____ What type of fence? _____

5. If you do not have adequate fencing (i.e., a totally enclosed, secure fence), how will you provide exercise for the dog? Consider bathroom time, as well as regular exercise. Who will supervise these outdoor activities (this includes all time the dog is outdoors).

6. If presented with an inexpensive alternative, would you consider fencing your yard? _____
7. How many adults in household? _____ Ages _____ Children? _____ Ages _____
8. Who will be responsible for the care of this pet? _____
9. Where would the pet be kept during the day? _____
At night? _____
10. Is there anyone home during the day? _____ Who? _____
11. How many hours a day will the pet be alone? _____
12. Who will care for the pet when you are on vacation? _____
13. If you move, what will you do with this pet? _____
14. Are you willing to take responsibility for this pet for the next ten years or more? _____
15. How much do you think it will cost to take care of this animal each year? Please consider the cost of veterinary care, food, grooming, toys, licensing, etc. _____
16. We require that all pets adopted from us be spayed or neutered. Do you have any questions about this policy?
_____ Explain _____

PET HISTORY

17. Please list all the pets you have owned in the last five years (use additional paper, if necessary):

TYPE	SEX	AGE	SPAYED/ NEUTERED?	WHERE IS HE/SHE NOW?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. If you currently have pets, are all vaccinations current? _____ If you have another dog, does that dog take heartworm preventive? _____ If not, why? _____

19. If you have ever had a pet die at an early age or due to an accident, please give details below:

20. Have you attended obedience classes before? _____ Are you willing to attend in the future? _____

21. Why should GRRCCNY place a Golden Retriever with you? What special things can you offer a dog?

APPLICANT REFERENCES

If you currently own or have owned a pet during the past three years, one reference **must** be a veterinarian. Other references may include neighbors, co-workers or Golden Retriever Club members. If you rent, please list landlord.

Name/Relationship/Phone No.

Name/Relationship/Phone No.

APPLICANT SIGNATURE (S)

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the adopted dog from my home by the Golden Retriever Rescue of Central New York Inc. **I understand that there is a placement fee of dogs age 8 weeks to 5th birthday: \$350. Ages 5 to 8th birthday: \$300. 8 to 11th birthday, \$100., 11 and over: no fee. (1/1/17)**

Signature of Applicant

Date

Signature of Co-applicant (must be at least 18 yrs.)

Date