

GREAT DANE RESCUE ALLIANCE, INC.

Adoption Application



1. Today's Date

2. Name

Include all adults residing in the home

3. Email Address

4. Address

5. Home Phone

6. Cell Phone

7. Why do you want a Great Dane?

8. Do you currently own any pets? Yes No

Type/Breed/Name	Gender	Age	Spayed/Neutered	How long

8a. If pets are not spayed/neutered why?

9. Have you owned a dog(s) as an adult? Yes No

If yes, what happened to it/them?

9a. Are your pets left alone during the day? Yes No

9b. If yes, for how long on average?

10. How many people live in your household?

10a. What is their relationship to you?

10b. If children, what are their ages and sex?

11. Are any family members home during the day? Yes No

11a. If yes, who?

11b. If no, how long will dog be home alone during the day?

12. Do you provide child care from your home? Yes No

**** We regret to inform you that anyone providing in home child care is ineligible to adopt . ****

13. Do you own or rent your home? Own Rent

13a. How long at present address?

13b. If less than 2 years, what was your previous address?

13c. If renting, does your lease allow large breed pets?

**** Please supply a copy of Lease Agreement Pertaining to Pets . ****

13d. Is your yard fenced? Yes No ****Electric Fence is not acceptable****

13e. Please describe fence:

13f. If no fence, how will you safely confine the Dane when time to relieve himself/exercise?

13g. Are your indoor stairs carpeted or covered?

14. Where will you keep the dane during the day when you are not at home?

15. Where will you keep the dane when away overnight or on vacation?

16. Do you plan to enroll this pet in an obedience class? Yes No

16a. If you are advised obedience training is needed, are you willing to enroll this pet into a positive reinforcement based training class. No electric collars are to be used. Yes No

17. If you have dogs, are any of them crate trained? Yes No

18. Do you plan to crate train your adopted Dane? Yes No

19. What is your occupation?

19a. Name and address of employer

Telephone #

Work Hours

19b. How long have you been employed with this employer?

19c. If less than 1 year where were you employed previously?

19d. Are any other family members employed? Yes No

20. Have you or anyone in your immediate family ever been convicted of a charge of, or related to cruelty to animals?

Yes No

20a. Is any such charge pending? Yes No

21. Have you or anyone in your household ever been in contact with GDRA concerning a Dane, either to adopt or surrender?

Yes No

22. What do you think it costs to vet & feed a Great Dane per year?

23. Would you be willing to adopt a dane with one of the following handicaps?

Physical Deaf Behavioral Old Blind/Vision Impaired

24. Please provide the following references:

24a. Veterinarian name and address

Phone Number

Date of last visit

Reason for last visit

24b. Name, address and phone number of a local individual (not a relative) who knows/has known your other animals.

25. May we visit your home and check your references to verify the information you have provided? Yes No

26. How did you learn about GDRA?

27. Are you currently working with any other rescue groups or shelters to adopt a dog? Yes No

Check here if you wish to receive an email notification that your application has been received and is being reviewed.

Check here if you wish a copy of the Adoption Contract emailed to you for review.

I (we) hereby certify that the statements herein are true to the best of my/our knowledge and the adopters are of legal age to enter into a binding adoption contract (21 or older)

Signature of applicant _____ Date _____

Suggested application donation enclosed: Tax Deductible)

\$10 \$15 \$20 \$25 Other _____

Use the space below or attach a separate sheet for addition information or comments.

LIABILITY RELEASE AND WAIVER FORM

All adults age 21 or older residing in this household MUST sign and return this page with the application.



I, _____,
have voluntarily contacted Great Dane Rescue Alliance, Inc. (GDRA) and have expressed an interest in adopting a dog in the care and custody of GDRA. In consideration of GDRA's agreement to allow me to view and/or interact with such dogs, I hereby, for my heirs, my personal representatives, my minor children and myself represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of GDRA voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to serious bodily injury and/or death.
2. I hereby waive, release, discharge, hold harmless, and promise to indemnify and not bring suit against GDRA, its directors, officers, volunteers, staff, and all other agents, and attorneys (hereinafter collectively "GDRA") for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

Signed this _____ day of _____, 20_____.

Printed Name

Witness Printed Name

Signature

Signature

Printed Name

Signature

VET RECORDS RELEASE FORM



I hereby authorize my veterinarian to release to Great Dane Rescue Alliance, Inc. information about my veterinary records or any other opinions he or she may have of any and all animals that I have owned.

Adoption Applicant Information:

Name _____

Address _____

Phone Number _____

Signature _____

Veterinary Information:

Name _____

Address _____

Phone Number _____

Fax Number _____