

VIRGINIA GERMAN SHEPHERD RESCUE, INC.

Good Dogs for Good Homes



P.O. Box 126, Sterling, Virginia 20167 • 703-435-2840 • info@shepherdrescue.org • www.shepherdrescue.org

Thank you for your interest in our rescue dogs. We would appreciate your accurately answering the following questions so that we can determine the right GSD for your family. All information you provide to us is confidential. When completed please turn in to one of our volunteers or mail to the address above.

ADOPTION APPLICATION

Date: _____

Application Fee: \$10.00 (Non-Refundable)

Your Name: _____

Street Address: _____

City/State/Zip: _____

Phone #s (be sure to include area codes) Daytime: _____ Evenings: _____

Email: _____ Best time to call: _____

Have you owned a German Shepherd or any other breed of dog? ☐ Yes ☐ No

If yes, please specify breed & give a brief history: _____

Do you have a preference for: ☐ Male ☐ Female ☐ No preference Age range? _____

Color Preference? _____

Why do you want to get a German Shepherd? _____

What are your goals for this dog? (Check all applicable) ☐ Pet ☐ Obedience ☐ Agility ☐ Search & Rescue

☐ Other: _____

What activity level are you looking for in your dog? ☐ Couch Potato ☐ Snuggle Buddy ☐ Let's Play ☐ Daredevil

What type of home do you live in? ☐ Single Family ☐ Townhouse ☐ Condo ☐ Apartment ☐ Other _____

Do you: ☐ Own ☐ Rent* Do your covenants/regulations allow you to keep a dog of this size? ☐ Yes ☐ No

Landlord's Name & Phone #: _____

How long have you lived at this address? _____ If less than a year please give previous address: _____

What will happen to this dog if you move? _____

Is your yard fenced? ☐ Yes ☐ No If not fenced, how will you handle exercise and toilet duties? _____

Approximately how many hours a day will your dog be alone? _____

Where will your dog spend this time when you are not home? (e.g. open home, crated, fenced yard, kennel) _____

Where will your dog spend his nights? (e.g. open home, crated, fenced yard, kennel) _____

Who will be the primary caregiver for this pet? _____

Has the primary caregiver ever had the responsibility of a dog before? ☐ Yes ☐ No

If there is more than one person involved with your home situation, have you thoroughly discussed what this adoption will entail in the terms of time, energy, financial expenses (e.g. routine/emergency medical care, food, supplies, etc.), effort and affections?

☐ Yes ☐ No Is EVERYONE willing? ☐ Yes ☐ No

Do you have children that will be in contact with this dog ☐ Yes; Ages: _____ ☐ No

Please list any pets that will be in contact with this dog (Type/sex/age for each)

Do you have a regular Veterinarian? ☐ Yes ☐ No

Vet's Name: _____ Phone: _____

City & State: _____

How did you hear about us?

Please list the name, phone number and relationship of three personal references (NOT FAMILY, local numbers please):

Name: _____ Relationship: _____

Phone: _____ Best time to call: _____

Name: _____ Relationship: _____

Phone: _____ Best time to call: _____

Name: _____ Relationship: _____

Phone: _____ Best time to call: _____

Please add any comments, suggestions you may have in the following space. Thank you. _____

Would you be willing to let a representative of VGSR visit your home by appointment? ☐ Yes ☐ No

Would you like to receive emails concerning VGSR events? ☐ Yes ☐ No

Name of dog(s) you are considering for adoption: _____

I/We have read and carefully answered each question on this Adoption Application and have provided truthful answers. I/We understand that VGSR will rely on the answers I/we have provided in going forward with the adoption process and, in the event that VGSR learns that false information has been given, I/we may be denied the right to adopt a dog and/or any dog placed in our care by VGSR and may be required to be returned to VGSR and all fees paid by us to VGSR will be forfeited.

I hereby certify that I have never been convicted of animal cruelty, neglect, or abandonment (all parties must sign):

Applicant's signature

Applicant's signature