

DOBIE RANCH RESCUE / AHSCFPRI Application Form For Adoption

Name of Applicant		Name of Spouse	
Occupation		Occupation	
Address		Phone	
City	Zip	Primary E-mail	
Home Phone	Other	FAX #	
Primary Address		Dr. License #	
Dr. License #		How long at this address?	
Rent or Own? House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/>		Landlord's Phone #	
Does your landlord allow pets? Yes <input type="checkbox"/> No <input type="checkbox"/>		Property Owner's name	
Other Occupants?	Number of Adults?	Children?	Ages?
Do you have a yard? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of fence?		Size of yard?

Current Pets in Your Household – Use back of sheet if necessary

Breed	Name	Sex	Years Owned?	Spayed or neutered?
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

All dogs on Heartworm prevention? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please explain:
All pet current on vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please explain:
Do you have a veterinarian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Veterinarian & Practice?
Veterinarian's Phone #	
Address of veterinary practice	

May DRR contact your veterinarian to verify the above information? Yes No

Home Pet Care Plans

Have you owned a Doberman before? Yes <input type="checkbox"/>	Do you know the temperament & characteristics of a Doberman? Yes <input type="checkbox"/> No <input type="checkbox"/>
Why do you want to adopt a Doberman?	
Where will the Doberman be kept during the day?	At night?
Where will the Doberman be kept when you're not at home?	
On the average, how many hours will the Doberman be left alone?	
What will you do with your Doberman if you move?	
How much money do you plan to spend on your Doberman per year?	
Will you obedience train your Doberman? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to crate train your Doberman? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to exercise your Doberman? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept a Doberman with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any of the following? Dog Crate <input type="checkbox"/>	Dog Door <input type="checkbox"/> Dog Run <input type="checkbox"/>

Pet History – Use back of sheet if necessary

If you have owned any pet within the last 3 three years, please fill out the section below. Please be as accurate as possible.

Breed	Name	Sex	Years Owned?	Status?	Spayed or neutered?
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

Have you ever been charged with an animal control violation? Yes No

Explain violation:

Are all household members aware of the intent to adopt? Yes No

May a representative of DRR visit your home? Yes No

DRR RESERVES THE RIGHT TO REFUSE ADOPTION FOR ANY REASON

Applicant's Signature: _____ Date: _____

The completed application may be submitted by:

1. Email to: diane@dobieranchrescue.com To submit by email: Fill out form then Click on FILE, SAVE AS, and give the form a NEW NAME. (Your last name is recommended.) Then attach to an email and send.	or	2. Fax to: Dobie Ranch Rescue/AHSCFPRI ATTN: Diane DeSantis 352-563-1253	or	3. Mail to: Dobie Ranch Rescue/AHSCFPRI ATTN: Diane DeSantis 8087 N Lazy Trail Crystal River, FL 34428
--	----	--	----	---