

**FLORIDA GIANT DOG RESCUE**

**Adoption Application**

Please complete all the information on the following pages. Missing information may delay the adoption screening process. Completion of this application form does not guarantee that Florida Giant Dog Rescue, Inc. will place one of our dogs in your care. Completion of this application authorizes Florida Giant Dog Rescue, Inc. to verify any information contained herein, including verification of medical records of any present or prior pets treated by the veterinarians listed. Completion of this adoption process is an indication that you have read, understand and agree to abide by our Dog Adoption Agreement and that the information contained within this application is accurate and not misleading in any way.  All adoptions are at the sole discretion of Florida Giant Dog Rescue, Inc.

**Please give careful consideration to adopting a dog. Dogs are not toys or short-term commitments. Make sure your lifestyle allows the time, patience, training, and expense this dog will need over the years.**

All dogs will be spayed/neutered, vaccinated, heartworm tested, treated for parasites and microchipped prior to adoption.

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| Dog you’re applying for: | | | | | | | | | | | | |
| **Applicant Information:** | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | Email Address: |
| Address: | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | Zip code: | |
| Phone Number: | | | | | | | | | | | | |
| Occupation: | | Employer: | | | | | | | Employer Phone Number: | | | |
| Length of Employment: | | | | | | | | | | | | |
| Name of Spouse, significant other, or other adults in household: | | | | | | | | | | | | |
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| Are they in agreement of this adoption? Yes/No | | | | | | | | | | | | |
| Names and ages of all permanent residents of your home (adults/children): | | | | | | | | | | | | |
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| How did you hear about us? | | | | | | | | | | | | |
| Do you have an application pending at another rescue? Yes/No | | | | | | | | | | | | |
| **References:** | | | | | | | | | | | | |
| Reference #1 Name | | | | | Reference #1 Email Address: | | | | | | | |
| Reference #1 Relationship: | | | | Reference #1 Phone Number: | | | | | | | | |
| Best time to contact? | | | | | | | | | | | | |
| Reference #2 Name: | | | | | Reference #2 Email: | | | | | | | |
| Reference #2 Relationship: | | | | Reference #2 Phone Number: | | | | | | | | |
| Best time to contact? | | | | | | | | | | | | |
| Reference #3 Name | | | | | Reference #3 Email: | | | | | | | |
| Reference #3Relationship: | | | | Reference #3 Phone Number: | | | | | | | | |
| Best time to contact? | | | | | | | | | | | | |
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| Veterinarian Name/Clinic: | | | | | | | | | | | | |
| Veterinarian Address: | | | | | | | | | | | | |
| City: | | | State: | | | | Phone Number: | | | | | |
| Have you used any other Veterinarians within the past 3 years? | | | | | | | | | | | | |
| If so, please provide previous veterinarians information: | | | | | | | | | | | | |
| Previous veterinarian’s Name/Clinic: | | | | | | | | | | | | |
| Previous veterinarian’s Address: | | | | | | | | | | | | |
| City: | | | State: | | | | Phone Number: | | | | | |
| **Please contact your vet to let them know we will be calling for a reference/vet check. They may require your permission before speaking with us** | | | | | | | | | | | | |
| **Environment:** | | | | | | | | | | | | |
| Type of Home: | | | | | | | | Own or Rent? | | | | |
| If Rented, does your lease allow pets or have breed restrictions? | | | | | | | | | | | | |
| If rented, how many years at present address? | | | | | | | | | | | | |
| Landlord Name: | | | | | | | | Landlord Phone Number: | | | | |
| **Please supply a copy of your lease/rental agreement** | | | | | | | | | | | | |
| Do you have a fenced yard? | | | | | | | | | | | | |
| If yes, height of fence? | | | | | | | | | | | | |
| If yes, type of fence? | | | | | | | | | | | | |
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| Do you own any other pets in this household? | | | | | | | | | | | | |
| If yes, please complete the table below: | | | | | | | | | | | | |
| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
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| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
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| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
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| Name: | Species/Breed: | | | | | | | | | Sex: | | Age: |
| Intact? Yes/No | | | | | | | | | | | | |
| If yes, is there a medical reason why they are not altered? | | | | | | | | | | | | |
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| Please list previous pets and reason you no longer have them? | | | | | | | | | | | | |
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| Do you have experience with giant breeds? | | | | | | | | | | | | |
| Some of our dogs will need additional obedience training, if required are you in agreement with this requirement? Yes/No | | | | | | | | | | | | |
| **Home Life** | | | | | | | | | | | | |
| Is someone home during the day? | | | | | | | | | | | | |
| If not, how long/often will your dog be left alone? | | | | | | | | | | | | |
| Will you be using a crate for while you are not home? | | | | | | | | | | | | |
| Do you have someone to take them out if there is a long period while you are not home? | | | | | | | | | | | | |
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| Will the dog be attending doggy daycare while you are at work? | | | | | | | | | | | | |
| Where will the dog spend most of its time? | | | | | | | | | | | | |
| Where will the dog sleep? | | | | | | | | | | | | |
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| Do you agree to a home check, either in person or via Skype/Facetime? Yes/No | | | | | | | | | | | | |
| How much do you estimate the cost of a giant breed is annually? | | | | | | | | | | | | |
| How do you plan on integrating this dog into your home? | | | | | | | | | | | | |
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| **Specifications/Preferences** | | | | | | | | | | | | |
| **Please keep in mind that we have no control over the ages/colors/specifics of our rescued dogs. The more specific you are, the harder it may be to place a dog with you. Please remember that older dogs need a good home too and can provide years of unconditional love. A dog will be placed with you by what best fits your lifestyle.** | | | | | | | | | | | | |
| Please list any specifications/preferences you have such as sex, age, activity level etc. | | | | | | | | | | | | |
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| Are there additional conditions or special circumstances that would help us to match the best possible dog with your family? | | | | | | | | | | | | |
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| Adoption Fees:  Under 1 Year $600 5 Years and Older $200  1 – 5 Years $400 | | | | | | | | | | | | |
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| **Liability Release** |

Please Note: Your application cannot be processed without acceptance of this waiver.

I/We

Have voluntarily contacted Florida Giant Dog Rescue, Inc. and have expressed an interest in adopting a dog in the care and custody of Florida Giant Dog Rescue, Inc. In consideration of FLGDR, Inc.’s agreement to allow me to view and/or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, represent 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 FLGDR, Inc. 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 Florida Giant Dog Rescue, Inc., its directors, officers, volunteers, and all other agents, and attorneys 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.

Yes, I accept this waiver and release Florida Giant Dog Rescue, Inc. from all liability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Application Agreement** |

**I certify that to the best of my knowledge that all of the above information is true and correct.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_