GERMAN SHEPHERD RESCUE OF NEW YORK, INC.

P.O. BOX 242, DELMAR, NY 12054 GSRESCUENY@GMAIL.COM

DOG ADOPTION APPLICATION

Check list/Office Use Only:

Vet Reference	
Personal References	
Home Check	

APPLICANT INFORMATION

Name:	Age	
GSRNY places dogs in homes in discretion of GSRNY, be placed	the state of New York. Special cases may, in the sole loutside of the state.	
Address:		
City, State, Zip:		
E-Mail Address:		
Home Phone:	Cell:	
Work:	Circle preferred # to use	
Best times to call?		
Rent or Own Your Home:	Length of time at this address:	
If less than 2 years at this address each: (List on back of this sheet)	, please list addresses for five years prior & length of time	at
If you Rent, is there any restriction	n on having a dog(s)?	
Name of Landlord:		
Address of Landlord:		
Phone Number(s) of LL:	***	
Please have your landlord comple	ete and sign the Landlord Consent Form.	
	st every other adult and child that resides with you or spen ore than 12 hours in any two week period)	ds
Name:	Age	

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Name:	Age
Check here if there are any additional per	rsons to be listed, please list on the back of this sheet.
E	EMPLOYMENT
Employer:	
How Long Employed There:	Phone:
(If Self-employed, write "Self-employed	l" & Business Name)
For other adults in the home, please prov	ide their employment information:
Employer:	
How Long Employed There:	Phone:
]	REFERENCES
Please provide the name, address and pho	one number of three references:
1	
2	
3	
PROPOSE	D ADOPTIVE SETTING
Type of Setting: City/Urban - Suburban - Type of Home: Single Family Home - Ap	- Country/Rural (circle one) partment - Condo - Mobile Home - Other (specify):
Activity level at home? □Very Active □Non-Act	• •
Does your home have a yard?	Does the yard have a fence?
Height of Fence: Ty	pe of fence:
Is fence secured underground (so dog car	n't dig under it)?
Is any gate to be locked at all times with	a padlock?

If your yard has a pool, is the pool fenced in and inaccessible to the dog?
How much time will the dog spend outside?
Is someone home during the day? If no, where will the dog stay while you are gone?
How long/how often will the dog be alone?
Where will your dog be kept most of the time? (Please circle)
In house - Outside - Basement - Other (specify)
If kept outside, will you have a dog run/dog house?
Where will the dog sleep?
Do you have a dog door in your home? Do you have a dog crate?
Are you willing to crate train the dog and continue crating and/or crate training if already started
What is your plan for exercising the dog, and how often?
What is your plan for disciplining and correcting the dog generally?
Specific Discipline: How would you discipline the dog for a housebreaking incident?
How would you discipline the dog for a chewing, scratching/digging, damaging of your property incident? (e.g. shoes or furniture)

Dogs come to GSRNY from a variety of situations and are evaluated, at which time, behavior is noted and training is started. Training will need to be continued if you were to adopt. What level of training are you willing to take on realistically for your lifestyle and for the healthy adjustment of the dog? (Circle one) -EASY -MODERATE -INTERMEDIATE -CHALLENGING -DIFFICULT

OTHER PET INFORMATION

Do you have any other pets? (Use the back of this sheet if necessary to expa each pet list: Name, Breed, Age, Sex, and Length of Time you have had the pet:	nd info) For
Are your other pets current on all vaccinations?If no, explain. (use back)	
Are your other pets spayed/neutered? If no, explain. (use back)	
Are your other pets on heartworm preventative?What type?	
**Your Vet Reference is essential to your application approval. Please provide CURRENT VETERINARIAN CONTACT INFORMATION:	
NAME:	
ADDRESS:	
PHONE NUMBER:	
**YOU MUST CALL YOUR VET OFFICE TO GIVE THEM PERMISSION TO US, otherwise they will not give you a reference! WE will be unable to procapplication! You will have to resubmit a new application without notification for Please initial here that you have called them and understand our process X	ess your rom us.
If you already have a dog(s) in your home, please describe their energy level and per	rsonality:
List all of the pets (of any kind) you have had in the past 10 years. For each one, ple the type of pet, where it came from, how long you had it, and what happened to it.	ase provide
CONDITIONS PERTAINING TO THIS PROPOSED ADOPTION	1
Have you had a German Shepherd Dog previously?	
When was the last time?	

On the back of this sheet, Please describe for each German Shepherd you have had in the past: (a) dog's personality; (b) how long you had tdog; (c) who trained it; (d) where is the dog now; and (e) what happened to the dog. (If you have not already done so from the request above)

Do you have a preference for a male or female German Shepherd Dog? Age range preference, if any:	
Why do you want to adopt a German Shepherd Dog?	
Please describe the type of personality you would like a proposed adoptive dog to have:	
Are you willing to take and complete training as needed with this dog? **MUST LIST A TRAINER** Name, Address and Phone of Trainer you will use:	
	•
Will the adopted dog be used as a guard dog? What other activities do you plan to do with the adopted dog?	
Under what circumstances would you give up the dog or not keep it for the entirety of it life?	s natura
Have you ever adopted a dog before? □Yes □No If yes, from where:	
Are you comfortable administering medication to the dog if necessary?	
How did you hear of German Shepherd Rescue of NY?	
List any Humane Societies, Organizations, Breed or Training Clubs you are associated what your affiliation is with each of them:	with and

GSRNY agrees not to use any information contained herein for purposes other than evaluating said applicant(s) and/or household members for the suitability of the proposed adoption unless otherwise required by law.

I certify that the information provided on this application is true, correct and complete. The circumstances of myself and my household is such that I/we am/are financially and physically able to care for this dog. I understand that proper food, water and veterinary care can be costly and will meet these requirements on an ongoing basis for the natural life of the dog. I understand that home checks may be made by GSRNY so that GSRNY is assured, prior to and subsequent to the adoption, that the dog is well maintained and cared for, as agreed to in accordance with the information in this application and in the Adoption Agreement. I further understand that any omission of information herein and/or failure to answer all questions can result in the application being denied, and that if , at any time, GSRNY finds the information contained in this application to be incomplete, false or fraudulent at the time it was made, I accept that GSRNY has the right to annul the Adoption Agreement and the adoption may be revoked. I understand and agree that if at any time during the dog's natural life, GSRNY finds that the dog is not being

cared for appropriately, humanely and as agreed upon in the Adoption Agreement of which this application is an integral part, that the Adoption Agreement may be revoked.

In the event of such revocation, any dog received from GSRNY shall be immediately surrendered upon demand of GSRNY and all right, title and interest in and to any such dog shall revert to the GSRNY without a refund of any monies paid, and any and all costs incidental to said surrender shall be paid by me, or reimbursed to GSRNY if any such costs were incurred by GSRNY related to such revocation. GSRNY shall be granted permission to enter the premises where the dog is present in order for such a surrender to effectuated and I agree to facilitate GSRNY in obtaining repossession of the dog and effectuating such a repossession and/or surrender.

I agree that GSRNY may contact any person/entities as a background check, including but not limited to those listed herein for additional information, and agree to the release of information to GSRNY for the purposes of determining the suitability of myself and any part of the household in which the dog will reside.

If approved, this application shall merge into and become a part of the Adoption Agreement.

Signature	Date	
Signature	Date	
Received by: GSRNY Representative:	Date:	
Adoption Application Approval □Yes □No		
Signature of Director, GSRNY		