



# ADOPTION APPLICATION

🐾 602-491-7358

**INSTRUCTIONS:**

1. Fill in all fields, red fields are required fields - by pressing the TAB key, your cursor automatically goes to the next field.
2. Add electronic signature in the requested field.
3. Optional - use the button **PRINT** to print a copy for yourself
4. Use the button to **SAVE FORM TO DESKTOP**
5. Open your email application and start a new email message
6. Attach the SAVED FORM to the email
7. Address the email to "regaldanerescue@gmail.com"
8. Fill in the Subject line: ADOPTION APPLICATION and your name
9. Send the email.

**Full Name \***

**Email Address \***

**Address \***

Address

City

State

Zip

**When are you available for a home check? \***

**Home Phone**

**Cell Phone \***

**What is the best time to contact you? \***

Morning

Mid Day

Evening

**How did you hear about us?**

Internet

Event/Booth

Facebook

Friend

**Please list which Danes you are interested in?**

**Do you have an application pending or fostered with another rescue or shelter? \***

Yes

No

**If yes, which rescue/shelter?**

**List common health problems associated with the Great Dane breed**

**What do you think owning a Great Dane would cost on an annual basis?**

## **REFERENCES**

**Reference #1:**

*(No family members as references)*

**Name \***

**Phone Number \***

**Relationship \***

**How long have you known this person? \***

**What State does the reference live in? \***

**Best time to contact**

Morning

Mid Day

Evening

**Reference #2:**

*(No family members as references)*

**Name \***

**Phone Number \***

**Relationship \***

**How long have you known this person? \***

**What State does the reference live in? \***

**Best time to contact**

Morning

Mid Day

Evening

**FAMILY**

**Names and ages of all ADULTS in the household \***

**Do you have CHILDREN living in the household? \***

Yes

No

**If yes, list the names, ages and gender**

**Do you have CHILDREN come over to visit the household? \***

Yes

No

**If yes, list the names, ages and gender**

**I feel you should know this about me and my family**

## PETS

**Do you have other pets? \***

Yes

No

**Are your pets current on vaccinations?**

Yes

No

**Pet #1:**

**Name**

**Length of ownership?**

**Breed?**

**Age?**

**Gender?**

Male

Female

**What species is your pet?**

Dog

Cat

**Spayed/Neutered?**

Yes

No

**Pet #2:**

**Name**

**Length of ownership?**

**Breed?**

**Age?**

**Gender?**

Male

Female

**What species is your pet?**

Dog

Cat

**Spayed/Neutered?**

Yes

No

List any additional pets, length of ownership, age, breed, gender, spayed/neuter status, species:

**Reasons for not spaying/neutering your pet:**

**Have you ever had to surrender or re-home a pet? \***

Yes

No

**If yes, why?**

**Do you have any experience with a Great Dane? \***

Yes

No

**Why do you want a Great Dane? \***

## VETERINARIAN INFORMATION

*\*\*Please contact your veterinarian or clinic to let them know we will be contacting them.\*\**

**Vet/Clinic Name**

**Phone Number**

## ENVIRONMENT

**What type of residence? \***

Single Family

Condo/Townhouse

Apartment

Mobile Home

**How many years at primary address? \***

**Do you...? \***

Rent

Own

**Do you have more than one story or stairs in your home? \***

Yes

No

**Do you have an HOA? \***

Yes

No

**If yes, do they allow Great Danes?**

Yes

No

**HOA Contact Name**

**Phone Number**

**If renting, does the landlord allow pets?**

Yes

No

*If your lease agreement allows pets, please provide us with the lease agreement.*

**Landlord/Rental Agent's name**

**Phone Number**

*\*\*Please contact your landlord/rental agent to let them know we will be contacting them.\*\**

**Do you have a pool? \***

Yes

No

**Is the pool fenced in?**

Yes

No

**Do you have a fenced yard? \***

Yes

No

**Fence Height**

**Fence Type**

**How will you handle exercise and toileting duties? \***

**Will the dog have access to the yard while you are away? \***

Yes

No

**Will someone be home during the day? \***

Yes

No

**Where will the dog stay when no one is home? \***

**How many hours a day will the dog be left alone? \***

**Where will the dog be kept most of the time? \***

**Where will the dog sleep at night? \***

**Will someone be home during the night? \***

Yes

No

**What type of activities do you plan to participate in with your dog? \***

Hiking

Snuggle

Daycare/Playgroup

Obedience/Agility

Walks

Sporting Activities

**If Sporting Activity, what type?**

**What would this dog have to do for you to consider returning him/her to Regal Dane Rescue? \***

**Do you understand that adopting a rescue dog is forever? And, are you willing to put in the work to make sure your adopted dog adjusts, and fits into your life, even if it involves training?**

Yes

No

## Have you ever had a puppy become sick with the Parvo virus?

Yes

No

## If yes, how long ago?

## The dog you are adopting may need to be provided structure and training. What behaviors are you willing and able to work with?

Housetraining

Crate Training

Leash Training

Separation Anxiety

Chewing

Nipping

## DANE SPECIFICS

Please keep in mind that we have no control over the ages/colors/specifics of our rescue Danes. 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.

### Preferences \*

Male

Female

Either

### I would consider a Dane Mix \*

Yes

No

### I would consider a Special Needs Dane \*

Yes

No

### Color \*

Black

Black w/White

Merle

Merle w/White

Fawn

Brindle

Harlequin

Blue

White

Any

### Ears \*

Cropped

Not Cropped

Either

### Age \*

Adult

Young Adult

Adolescent

Senior

Puppy

Any Age



- Senior - Age 8 years +:  
As a general rule, the seniors we have available for adoption have been well-cared-for, are house-trained and have good house manners. All our seniors have a thorough physical examination, and we will be happy to discuss any health issues (such as a need for medication or supplements) or management (for example, a Dane that needs assistance to get into an SUV). We do have a reduced adoption donation for our very special Senior Danes.
- Adult - Age 3 through 7:  
Generally more settled dogs with many life skills in place. Level of obedience varies from Dane to Dane, as do behavioral quirks.
- Young Adult - 18 months to 36 months:  
Almost all Danes in this age group will absolutely require group obedience lessons to establish a healthy bond between owner and dog, as well as teaching the dog acceptable behaviors, and allows the dog to develop better social skills.
- Adolescents - 6 months to 18 months:  
Although somewhat of a handful, these delightful young Danes are at a prime age to begin training for a "job", such as therapy work, competitive obedience, agility, or assistance work.
- Puppy - under 6 months:  
Note, we rarely will get puppies into rescue.

**Do you have any additional comments or questions?**

## **LIABILITY RELEASE AND WAIVER**

PLEASE NOTE: Your application cannot be processed without acceptance of this waiver.

I/we have voluntarily contacted Regal Dane Rescue and have expressed an interest in adopting a dog in the care and custody of Regal Dane Rescue. In consideration of Regal Dane Rescue's agreement to allow me to view and/or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, 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 Regal Dane Rescue 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 to bring suit Regal Dane Rescue, its directors, officers, volunteers, staff, 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.

### **REQUIRED FIELD \***

I accept this waiver and release Regal Dane Rescue from all liability.

No, I do not want to continue with this application.

## **MEDICAL RELEASE**

By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, named above, to disclose and/or release to Regal Dane Rescue, its agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine.

*(\*\*\*Please contact your vet to let them know we will be calling. They may require your permission before speaking with us.\*\*\*)*

### **REQUIRED FIELD \***

I certify that the above information is true and correct.

**Full Name**

**Today's Date \***

**Electronic Signature**

Month Day Year