

Florida Doberman Rescue 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 #			How long at this address?	
Rent or Own? House <input type="radio"/> Mobile Home <input type="radio"/> Apartment <input type="radio"/> Condo <input type="radio"/>			Landlord's Phone #	
Does your landlord allow pets? Yes <input type="radio"/> No <input type="radio"/>			Property Owner's name	
Other Occupants?	Number of Adults?		Children?	Ages?
Do you have a yard? Yes <input type="radio"/> No <input type="radio"/>		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="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>		Yes <input type="radio"/> No <input type="radio"/>
All dogs on Heartworm prevention? Yes <input type="radio"/> No <input type="radio"/>		If not, please explain:		
All pet current on vaccinations? Yes <input type="radio"/> No <input type="radio"/>		If not, please explain:		
Do you have a veterinarian? Yes <input type="radio"/> No <input type="radio"/>				
Veterinarian's Phone #				
? Address of veterinary practic				
? May FDR contact your veterinarian to verify the above information? Yes <input type="radio"/> No <input type="radio"/>				
Home Pet Care Plans				
? Have you owned a Dobe before? Yes <input type="radio"/> No <input type="radio"/> o				
? Why do you want to adopt a Dobe				
? Where will the dog be kept during the day?			At night	
? Where will the dog be kept when you're not at home				
? On the average, how many hours will the dog be left alone				
? What will you do with your Dobe if you move				
? How many \$ do you plan to spend on your Dobe per year				
? Will you obedience train your Dobe? Yes <input type="radio"/> No <input type="radio"/>			o Do you plan to crate train your Dobe? Yes <input type="radio"/> No <input type="radio"/>	
? Do you plan to exercise your Dobe? Yes <input type="radio"/> No <input type="radio"/>			o Will you accept a Dobe with special needs? Yes <input type="radio"/> No <input type="radio"/>	
? Do you own any of the following? Dog Crate <input type="radio"/> Dog Door <input type="radio"/> Dog Run <input type="radio"/>				

?

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="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>
		M <input type="radio"/> F <input type="radio"/>			Yes <input type="radio"/> No <input type="radio"/>

Comments:

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

Describe your ideal Doberman:

Such as: Age, sex, color, personality, energy level, etc. The more descriptive the better we can match your requirements to a Doberman in need of a home.

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

May a representative of FDR visit your home? Yes ☐ No ☐

FDR RESERVES THE RIGHT TO REFUSE ADOPTION FOR ANY REASON

Applicant's Signature:

Date: