

Application for Adoption
German Shepherd Rescue of Central New York

Personal Information:

Name: _____ Age _____
Spouse/Partner/SO _____ Age _____
Address: _____
City: _____ State _____ Zip _____

GSRCNY places dogs in homes in the Central New York area. If you are outside of this area, please speak with a rescue group in your area.

E-Mail Address: _____ (example: jgreen@aol.com)
Home Phone: _____ (If you are a toll call, please be advised that all calls will be collect.)
Your employer: _____ Phone: _____
Spouse's employer: _____ Phone: _____
Number of Children: _____ Ages: _____
Is everyone in your household in agreement on adopting a German Shepherd Dog? _____
If no, who is not? _____ Why Not? _____

How long have you lived at this address? _____
Please indicate which best describes your current living situation: Circle one on each line:
House: Condo: Apartment: Mobile Home:
Rent: Own: Live with Parents:
City: Suburban: Country:
If you Rent, Name, Address & Phone Number of Landlord: _____

If less than two years, please list your previous addresses for five previous years:

Besides your immediate family, are there others residing in your home? _____
Names: _____
Ages: _____
Does your home have a yard? _____ Is there a fence? _____ What type of fence? _____
Height of Fence: _____ Will the gate be locked at all times with a padlock? _____
Is the fence secured underground as well? _____ By what means? _____

How much time will the dog spend outside? _____

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Adoption Information

Is someone home during the day? _____ How long/how often will the dog be alone? _____

If no, where will the dog stay while you are gone? _____

Where will your dog be kept most of the time? In house: Outside: Basement:

Other: (specify) _____

If kept outside, will you have a dog run/dog house? _____

Do you agree to spay or neuter this dog if it has not been done already? _____

Will you take your dog to obedience class? _____

Which trainer will you use? _____

Have you ever owned a German Shepherd Dog? _____ Where is that German Shepherd Dog now? _____

Do you prefer a male or female Germans Shepherd Dog? _____ Age range: _____

Why do you want a Germans Shepherd Dog? _____

Will the German Shepherd be used as a guard dog? _____

What other activities do you plan to do with your German Shepherd? _____

How many years do you plan to keep the dog? _____

Under what circumstances would you give up your dog? _____

Other Pet Information

Do you have other pets? _____ Type (list breed, age, sex) _____

Are your other pets current on all vaccinations? _____

Are your other pets spayed/neutered? _____

Are your animals on heartworm preventative? _____ What type? _____

Are you willing to pay for a heartworm test? _____

Veterinarian's Name(s) & Phone Number(s): _____

Name that animals are under at the veterinarian's office (pet's name and owner's name): _____

If applicable, approximate date of your current pet's last office visit: _____

List the pets you have owned in the past fifteen years and what happened to them: _____

Please attach a copy of each of your curent pets' medical record summary sheet from your Veterinarian.

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How did you hear of German Shepherd Rescue of GSRCNY? _____

List any Humane Societies, Organizations, Breed or Training Clubs you are associated with:

We will attempt to provide you with an honest evaluation of temperament on any dog we have to place. Do you realize that frequently the complete history of a German Shepherd Dog may not be known and that you may encounter some behavioral problems? _____

Are you willing to work with us on correcting these problems? _____

Please provide the name, address and phone number of three references:

Additional comments: _____

I/We certify that the information provided on this form is true and correct. I/We (am) (are) also financially and physically able to care for this animal. I/We understand that proper food and veterinary care can be costly and (am) (are) able to meet these requirements. I/We understand that home checks are made on a random basis prior to and following adoption and that, if, upon inspection, GSRCNY finds the information contained in this application to be false, the application will be denied. Should I/we have received (an) animal(s) from GSRCNY, all right, title and interest in and to any such animal(s) will revert to the organization and I/we agree to immediately surrender same without a refund of monies paid. GSRCNY shall have the right to enter my/our premises for the purpose of removing said animal(s). I/We agree that GSRCNY may contact any persons/entities including but not limited to those listed herein for additional information.

Signature _____ Date _____

Signature _____ Date _____

Please send completed application including veterinary record for current pets to

GSRCNY
Pat DeChick
2254 State Rt. 80
Tully, NY 13159