

GRRAND
Golden Retriever Rescue & Adoption of Needy Dogs, Inc.
Foster/Adoption Application

Name		Email	
Address		Home Ph.	
City/State/Zip		Work Ph.	

To ensure that this placement is in the best interest of both you and the Golden Retriever, please answer the following questions.

Are you willing and able to spend the time and money necessary to provide training, medical treatment and proper care for your dog for its entire life? (Avg. life span of Goldens is 10 to 14 years)

____ Yes ____ No

Rescued Golden Retrievers may have been in neglectful and/or abusive situations and, therefore, may experience difficulty making the transition to a new home. Are you willing to be patient while your Golden adjusts to its new home? ____ Yes ____ No

What is your current living arrangement?

____ House ____ Apartment ____ Duplex ____ Mobile Home ____ Condo

How long have you lived at the above address? ____ yrs ____ mos

Do you: ____ Rent ____ Own If you rent, does your lease allow pets? ____ Yes ____ No

Please provide your Landlord's name: _____ Phone _____

Please list the following information for all persons living in your household (including self)

Name	Age	Occupation	Interests	Work Schedule

Will your pet be kept: ____ Inside ____ Outside

Please be specific when answering the following questions.

Where will your Golden be kept during the day? _____

Where will your Golden be kept during the night? _____

Where will your Golden be kept when you are not at home? _____

What will you do with your Golden when you go on vacation? _____

Do you have a fenced yard? ____ Yes ____ No Type _____ Height _____

Is this your first experience owning a dog? ____ Yes ____ No

Please choose the reason for adopting a dog: ____ Watchdog ____ Companion dog

____ Family dog ____ Companion for another pet ____ Other (explain) _____

Do you own any pets at the present time? ____Yes ____No

If yes, please provide the following information:

Name	Species/Breed	Age	Vaccinations up to date?	Spayed/Neutered?
			____Yes ____No	____Yes ____No
			____Yes ____No	____Yes ____No
			____Yes ____No	____Yes ____No

How many dogs and cats have you owned in the past 6 years that you no longer own?

____Dogs ____Cats

Please describe the pet(s) and what happened to them. _____

Please provide your veterinarian's information:

Name _____ Address _____

Phone _____ My account is under the name of _____

Please provide the names and contact information for three references. Please include at least two non-family references. We will contact your references to discuss your Golden adoption.

Name	Relationship	Phone	Best time to call

Why do you think you would be a good home for an adopted Golden? _____

How did you hear about GRRAND? _____

CERTIFICATION

Although I understand that every rescued Golden Retriever adopted has been inspected and its history reviewed, I nevertheless appreciate and agree that Golden Retriever Rescue and Adoption of Needy Dogs, Inc. (hereafter referred to as GRRAND) has not made and does not make any warranty in regard to it and that GRRAND can only give me such information as they have received regarding the Golden. If at any time I desire to relinquish custody of the dog, I will contact GRRAND, who will attempt to assist in placing the dog. I understand that members of GRRAND will be following up on the status of any Golden they have assisted in placing and I agree to cooperate fully in allowing GRRAND representatives to visit my adopted pet in its new home at any reasonable time. I understand that should it be determined by GRRAND that my rescued dog is not being humanely cared for in its new home, I will upon request promptly return the dog to them. I further understand and agree that any donation that I have given to GRRAND's rescue and adoption program is a donation toward its work in caring for this and other rescued Golden. By signing this form I hereby authorize a GRRAND representative to verify all information provided on this form and give our veterinarian permission to disclose all medical information requested by a GRRAND representative.

Signature _____ Date _____

GRRAND Representative _____ Date _____

Please mail your completed application to the address below

GRRAND
PO Box 6132
Louisville, KY 40206-0132

Email : info@grrand.org Phone : 812-981-2251