



GOLDEN BEGINNINGS GOLDEN RETRIEVER RESCUE ADOPTION APPLICATION

The information that you supply in this Adoption Application is very important in achieving a successful adoption. We rely on this information to identify a Golden that will fit your lifestyle and expectations and to determine whether your home will satisfy the needs of any dog in which you are interested. By giving full and complete information in this Adoption Application, you will greatly assist us in the selection process.

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ City, State & Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best Phone to Contact: Home ___ Work ___ Cell ___ Best Time to Contact: _____

Applicant's Occupation & Work Schedule: _____

Co-Applicant's Occupation & Work Schedule: _____

Applicant's Age: _____ Co-Applicant's Age: _____ Ages of other adults in your home: _____

Ages of children in your home: _____ Ages of children regularly visiting your home: _____

Are you willing to supervise any small children around your dog AT ALL TIMES? Yes ___ No ___

Name, age, spay/neuter status, species of other pets in your home: _____

How does your dog(s) react to other dogs? _____

Are all dogs in your home current on all vaccinations? Yes ___ No ___ NA ___

Vet Clinic Reference: _____

Vet Address: _____

Vet Phone: _____ Permission to contact your vet reference? Yes ___ No ___ NA ___

Are all dogs in your home currently on regular, year-round heartworm prevention? Yes ___ No ___ NA ___

Have you ever had a dog diagnosed and/or treated for heartworms? Yes ___ No ___ If yes, please explain:

Have you ever sold or given away a pet, or have you ever surrendered a pet to a shelter? Yes ___ No ___

If yes, please explain the circumstances: _____

Housing Status: Own ___ Rent ___

Housing Type: House ___ Townhouse ___ Apartment/Condo ___ Duplex ___ Trailer ___ Other ___

If renting, do you have landlord's written permission to have dog over 50 lbs? Yes ___ No ___ NA ___

If renting, Landlord Contact Info: Name, address & phone number: _____

Do you have a fenced yard? Yes ___ No ___ If yes, type & height of fence: _____

Is anyone home during the day? Yes ___ No ___ How many hours/day will the dog be home alone? _____

Where will the dog be kept during the day? _____

Where will it be kept at night? _____

What type of dog training experience do you have? _____

Are you willing to attend formal obedience classes with your dog? Yes ___ No ___

Are you willing to pay for one-on-one training if needed? Yes ___ No ___

Are you willing to consult an expert for solutions to behavioral problems? Yes ___ No ___

Are you aware the dog may chew, dig, bark, jump or display other undesirable behaviors? Yes ___ No ___

Are you aware that Golden Retrievers shed year-round? Yes ___ No ___

Are you aware that a large dog can knock down children and/or elderly? Yes ___ No ___

Do any elderly or physically challenged persons live with you or visit frequently? Yes ___ No ___

Is anyone in home adversely affected by a dog (allergies, etc)? Yes ___ No ___

Does everyone in home want a Golden Retriever? Yes ___ No ___

Who will be responsible for the care of the dog? _____

Who will take care of the dog when on vacation? _____

If you move, what will you do with the dog? _____

Will you take responsibility for the dog for 10 years or more of its life? Yes ___ No ___

Are you aware of the costs to care for a dog (\$600-\$900 per year)? Yes ___ No ___

If you have had a pet die from age, illness, euthanasia, or an accident within the last 10 years, please give details: _____

Will your dog be in blocked-off parts of the house? Yes ___ No ___

Will your dog be crated? Yes ___ No ___ Will your dog be tied outside? Yes ___ No ___

Will your dog live loose in a fenced yard? Yes ___ No ___

Will your dog live in a dog run? Yes ___ No ___ Will your dog roam loose? Yes ___ No ___

When you travel with your Golden, will it be transported in a truck? Yes ___ No ___

If yes, how will you restrain your Golden to keep it from jumping out? _____

Please list names and phone numbers of two references. _____

_____ Permission to Contact References? Yes ___ No ___

If you should become unable to care for the dog, who will accept responsibility for its care for the balance of its life? _____

Will Golden Beginnings be notified? Yes ___ No ___

Preferred Gender? Male ___ Female ___ What age dog fits with your lifestyle and expectations? _____

What characteristics would you like your Golden to have? _____

Would you consider a dog with special needs (blind, deaf, etc.)? Yes ___ No ___

If you are interested in a specific dog on our website, please list the name(s): _____

Do you have any special wants or needs? _____

Any other information that would be helpful in evaluating your application? _____

How did you hear of Golden Beginnings? _____

Applicant Signature/Date

Co-Applicant Signature/Date

PLEASE RETURN THIS APPLICATION TO:

Golden Beginnings

P. O. Box 19848

Houston, TX 77224-9848

Thank you for your interest in helping a needy Golden and taking the time to complete our application. We will respond to your application as soon as possible. Golden Beginning is an all-volunteer organization serving the needs of abused or neglected Golden. If you are interested in becoming a volunteer, we encourage you to submit a volunteer application which is available on our website. Many volunteer opportunities would only require a couple of hours of your time each month and we are confident that you would find your volunteer work to be a very rewarding experience.

July 11, 2009