

Great Dane Adoption Application

You must be at least 21 years of age in order to adopt from CMGDR.

Please complete all questions so that we can learn about you and your family and match you with a dog.

Name:		
Address:		
City :	State:	Zip:
Home Phone:	Work Phone:	Age:
Email:		
Cell phone or pager:		
Employer:		Phone:
Employer (spouse):		Phone:
Working hours of adults in household:		

1) What type of Dane are you looking for? (Circle/underline all that apply)

Male
 Female
 Puppy Adult
 Senior

2) Why do you want this pet?

3) This pet will be without human companionship for about _____ hours per day, _____ days per week. (counting travel time to and from work)

4) Where will your pet be kept during the day? (Circle all that apply)

Indoors
 Outdoors
 Dog Pen
 Crate
 Garage Other

Explain Other: _____

During the night?

Indoors Outdoors Dog Pen Crate Garage Other
Explain Other: _____

5) Where do you live? (Circle/underline all that apply)

House Apartment Condo Trailer (Park or Private lot?) I rent I own
 With my parents
Landlord's (Park Owner) Name: _____ Phone: _____

6) Will your landlord allow Great Danes? Yes No Don't Know
a. Is a deposit required? _____
b. Will your rent increase? _____

7) Do you have a fenced yard? Yes No
If fenced, please describe the height and type:

8) If you do not have a fenced yard and the dog will not stay in the yard, what will you do?

9) How do you plan to exercise your dog?

10) List the types of behavior problems that would not be acceptable in your household.

11) Describe your lifestyle.

12) Describe the ideal dog for you.

Now describe what you expect from a RESCUE dog.

13) Please provide the following information about your household:

- a. Number of adults: _____
- b. Number of children: _____ Ages: _____
- c. People who visit your home frequently, including ages of any visiting children.

14) Is anyone in your family allergic to dogs? _____

15) What will you do with your pets if you go on vacation?

16) What will you do with your pets if you move in the future?

17) How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet?

18) Would you be willing to allow a representative from CMGDR to visit your home before the adoption is completed and subsequent to the adoption? Yes No

19) What type(s) of pets do you now own or have you owned in the last 10 years? If you answered "No" to "Still Own", please provide a reason. Continue on separate sheet if necessary.

Name	Type/Breed	Age	Spayed-Neutered	Sex	Still Own?	Reason?
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	

20) Who is (was) your veterinarian for the above animals? Do you give us permission to contact this veterinarian regarding the animals you now own?

Name: _____ Phone: _____

21) Please also provide a personal reference (a neighbor, friend, fellow dog lover):

Name: _____ Phone: _____

22) How long has it been since you introduced a new dog in your family?

23) How much do you think an adult Great Dane weighs?

24) How long do you expect it will take your new pet to adjust to its new home?

25) How do you plan to house train your dog?

26) Do you keep or have you kept your dogs tied out?

27) If yes, how long did you keep you dog tied during the day?

28) How many cups a day do you think a Great Dane eats?

29) What brand of food will you feed your Great Dane? (list a specific brand)

30) Are you familiar with the health issues a Great Dane may have? Yes No
Please explain your answer:

31) Do you feel you can afford the added expense? Yes No

32) Would you be willing to attend obedience classes? Yes No
Please explain your answer:

33) Have you asked yourself whether your lifestyle is so busy that you might not have the time or energy to properly provide the care and attention that a Great Dane requires? Yes No

34) Is/Are your dog (s) licensed? _____ If so, which town? _____
License #: _____

35) Who referred you to Coastal Maine Great Dane Rescue?

36) Have you ever adopted animals from another rescue group or shelter?

37) Are you currently applying to other rescue groups or shelters? _____
Who? _____

Experience with Animals:

The following questions will help us assess your experience with various types of animals having differing behavioral characteristics and temperaments. You do not need experience in all of these areas to be approved as an adopted home. We are, however, interested in experience you have had. Please check those that apply and describe your specific experience:

- Basic Training: _____
- Modifying a behavior problem: _____
- Caring for an elderly pet or one w/a chronic health problem: _____
- Socialization: _____
- Other training: _____

Please describe other experiences that you feel will help you work with rescued animals:

Thank you for completing the adoption application. Pet ownership is a serious commitment that the entire household needs to consider and agree to before the animal is adopted.

Please note that adoption fees vary depending on the dog (typically between \$400 to \$600).

MEDICAL RELEASE: By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, to disclose and/or release to Coastal Maine Great 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 animal for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine.

LIABILITY RELEASE AND WAIVER: I/We have voluntarily contacted Coastal Maine Great Dane Rescue (hereinafter CMGDR) and have expressed an interest in adopting a dog in the care and custody of CMGDR. In consideration of CMGDR's agreement to allow me to view 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 voluntarily elected to view and/or interact with one or more dogs in the care of CMGDR. 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 against CMGDR, 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.
3. I certify that the information contained herein is true and if found to be false, my application can be refused by CMGDR and /or may reclaim the Rescue Dane without a refund of monies paid.
4. I understand that by completing this form, CMGDR is not obligated to accept my application.

By signing below, I certify that the information I have given is true and that I recognize that any misrepresentation of the facts and information I provided may result in the denial of my adoption application by CMGDR and my losing the opportunity of adopting a dog from CMGDR. I authorize investigation of all statements on this application. I further understand that this application is a required step in the application process and I understand that it is in the sole discretion of CMGDR whether to accept or deny this application for adoption.

Signature: _____ Printed: _____ Date: _____

Completed application may be e-mailed to:

coastaldanes@gmail.com

or mailed to:

**Coastal Maine Great Dane Rescue
9 Ladyslipper Lane
Topsham, ME 04086**

9/14