

# Dobie Haven, Inc. Adoption Application Form

Date: \_\_\_\_\_

Application for which Dog: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## PHONE NUMBERS

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Alternate: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

How long at present job? \_\_\_\_\_

How long at previous job? \_\_\_\_\_

How many children, their ages, or other people are living in the home?  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever given away or sold a dog? Yes  No

If "Yes" what was the reason? \_\_\_\_\_

Have you ever surrendered a dog to a shelter? Yes  No

Have you ever surrendered a dog to Animal Control? Yes  No

Type of residence? (check one) House  Apartment  Mobile  Other

Do you own or rent your home? Own  Rent

If you rent, please enter the name and phone number of your landlord.

How long at your present address? (Months/Years) \_\_\_\_\_

How long at your previous address? (Months/Years) \_\_\_\_\_

May we visit your home? Yes  No

Do you have other animals at home? Yes  No

If so, what type, breed, ages, sex, and if they are spayed/neutered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where are the animals kept? \_\_\_\_\_

Are you aware of ongoing expenses associated with a pet? Yes  No

Are you aware of ongoing expenses associated with a pet? Yes  No

What are the necessary vaccinations for your pet? \_\_\_\_\_

How do you prevent heartworms in a dog? \_\_\_\_\_

How do you prevent fleas and ticks? \_\_\_\_\_

If you have a veterinarian now, what is his/her name or clinic name?

If you have used other veterinarians, what were their names or the clinic names?

Do you have a fenced yard? Yes  No

If "Yes" what type fence?: \_\_\_\_\_

Fence Height: \_\_\_\_\_ ft Attached to your house? Yes  No

Is your fence secure enough to prevent your pet from climbing, digging or jumping out?

Yes  No  How large is your yard? \_\_\_\_\_

What food do you feed your current dog? \_\_\_\_\_

Are you willing to take the dog to obedience classes if necessary? Yes  No

How do you handle a destructive dog? \_\_\_\_\_

How do you handle a dog who chews? \_\_\_\_\_

Where will the dog be housed during the day? \_\_\_\_\_

Where will the dog be housed at night? \_\_\_\_\_

How long will the dog be left alone each day? (hrs) \_\_\_\_\_

How much time can you spend playing with and training your dog each day? \_\_\_\_\_ (hrs)

Have you ever had a Doberman Pinscher? Yes  No  If so, how long ago? \_\_\_\_\_ yrs

What happened to the dog? \_\_\_\_\_

Please explain why you want a Doberman Pinscher: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_