

Northern Chapter - Great Dane Rescue of New England Vermont and New Hampshire northerngdrne@gmail.com www.northerngdrne.org

Adoption Application

Date of Application:		
Desired Dogs Name:		
Adopter's Name:		
Street Address:		
City:	State:	Zip:
Email:		
Phone Cell #	Home or Work#	!
USPS. The information you phelp us find a good match for	provide in this applicatio you. An adoption donat	and return it to us via, email or in and during our interview will tion of anywhere between \$250 - that go along with thismbreed.
YOUR WORK:		
Occupation		
Current Employer?		
Full Time or Part Time?		
How many hours worked per wee	ek?	
Is there any family member hom-	e during the day?	
If "No," how many hours a day v	vill the Great Dane be left	alone?
YOUR HOME:		
Do you have stable housing?		
Do you Own or Rent your home	?	
Do you have a fenced yard?		
If "No," -must be willing and capable to	take the dog outside, LEASHED	O, for relief and exercise 3-4 times a day.
Type of Home?		
IF RENTING		
Landlord Name:		
Landlord Phone Number:		
How long have you lived here (ye	ears or months)?	

Number of adults(18+), including yourself?				
Do you have any children, including any wh	o visit on a regular/frequent basis?			
If "Yes," please list how many, their age and	l gender			
Number of Children:	_ Gender:			
-	Gender:			
Age:	Gender:			
Age:	Gender:			
Age:	Gender:			
Does anyone in the household have animal allergies?elaborate if needed				
Are other members of your household enthusiastic about adopting a Dane?				
Who will be primarily responsible for the care of this dog?				

HOME LIFE

What is your family dynamic?

Work Life - please describe your work life and home life balance and how that impacts your animals



Have you had to s	surrender a pet?		
elaborate if need			
Have you had to r	antarma Uumana Euth	annasia a nat?	
elaborate if need		ianasia a pet?	
		ıthanasia a pet?	
elaborate if need	ded		
Do you currently h	anyo othor pote?		
If yes, please lis	t		
			Altered:
Type:	Age:	M/F:	Altered:
			Altered:
-			Altered:
-			Altered:
What pets have you	ou had in the past? t		
,		M/F:	Altered:
•			Altered:
•			Altered:
•			Altered:
			Altered:
- I	J		

****PLEASE CONTACT YOUR VET FOR APPROVAL FOR US TO SPEAK WITH THEM PRIOR TO APPLICATION RETURN******

Veterinarian's Name:		
Veterinarian's Phone Number:		
Veterinarian's Address		
Are you familiar with the health problems associated with this breed (i.e. Short Life Span/Bloat/Gastric Torsion, Hip/Elbow Dysplasia)?		
Are you aware of, and prepared for, the financial responsibility of having a "GIANT" breed (i.e. Food Cost, Licensing, Routine Veterinary Care)?		
If a large medical cost were to come up - would you be able to handle a multi-thousand dollar surgery on a short notice?		
Why do you want a Great Dane?		
Why did you decide to adopt rather than purchase a puppy?		
Have you had Great Danes in the past?elaborate if needed		
Where will the Dane(s) sleep?		
Where will the Dane(s) stay when you are not home?		
Where will the Dane(s) eat?		
How many meals a day will your Dane get?		

Are you able to handle the counter surfing that comes along with the height of this breed?

Do you utilize Pet Insurance or a Care Credit Card?



Initial Below Fields to Confirm Understanding:
1. I understand that there is a requested donation adoption fee of somewhere
between \$250-\$400, dependent on our budget.
2. I/we (nor any member of Adopter's household) have never been charged with
cruelty to animals.
3. If there is a change of address, phone, etc. during the life span of the rescue dog, the adopter agrees to inform NCGDRNE within 14 business days of the change.
4. The adopting family agrees to provide adequate shelter, food, all necessary medical and grooming care for the life of the Dane. If the dog is to be euthanized, you will contact Northern Chapter Great Dane Rescue of New England.
5. The dog shall never be subjected to any form of cosmetic/optional surgery or alteration including, but not limited to, ear cropping, tail docking, etc. unless medically necessary.
6. The dog shall not be abused in any manner. The dog shall not be trained or used for attack, protection, or guarding of property, and will never be used in any aspect of dog/animal fighting. The dog will not be the subject of, nor subjected to any biological, chemical, psychological, or other experiments.
7. The dog must be licensed in accordance with existing laws in your town and rabies vaccine must be kept current and wear a collar with the license tag on it at all times. You must agree to follow a regular inoculation program as established by your veterinarian and state law.
8. If for any reason the adoption is not found to be satisfactory, Adopting Person(sagrees to notify NCGDRNE. IMMEDIATELY to arrange for his/her return to us.
9. The rescue dog must not be sold, given or released to any party other than NCGDRNE.
10. NCGDRNE. reserves the right to a home visit without notification and to get veterinarian records on said dog at any time. A home visit will be arranged for 6 months after the day of adoption
11. TRANSPARENCY Everything we know about the dog you are adopting has been told to you. Any behaviors in the home are as new to us as they are to you. Because we get very little in details about the dog, we test for behaviors but foster life, and more off kennel life is very different than a home life so you may see things that the dog did not present while in our care.

Please remember, that this Great Dane may be confused when you first work with him/ her, but with patience, consistency, and reassurance, he/she should readily adapt to the routine of the home.

- I, the Adopter, understand that NCGDRNE is whom I am signing this contract with.
- I, the Adopter, hereby acknowledge that I have read this entire Agreement and understand its terms and conditions and agree to be bound by same.

Sincerely,

NCGDRNE Team

Adopters Printed Name	_ Date
Adopters Signature	
NCGDRNE Representative's Printed Name	Date
NCGDRNE Representative's Signature	

