

On Guard Dobermanns' Use Only

Litter Date: _____ Litter No.: _____

Applicant's Name: _____

Application Date: _____

Dog Adoption Application

Adopting a dog is a long-term commitment. Please complete this form to assist us in determining whether the dog you would like is suitable for your home and lifestyle. When selecting an dog, it is important to include your whole family in the process.

All information collected on this application is kept confidential.

1. Where did you hear about On Guard Dobermanns?: _____
2. Reason for adopting (please check) ☐ Playmate for child ☐ Pet/Companion ☐ Hunting ☐ Guard dog ☐ Schutzhund ☐ Exhibition ☐ Sport ☐ Other (please specify): _____
3. Who are you adopting for?: ☐ Yourself ☐ Someone else (please specify): _____
4. Are you 18 years or older?: ☐ Yes ☐ No ☐ Date of birth: _____
5. Where do you live?: ☐ House ☐ Apartment ☐ Townhouse/Unit ☐ Condo ► Do you ☐ Rent ☐ Own
6. Please describe your backyard: ☐ Fenced ☐ Partially fenced ☐ Not fenced ☐ Do not have a backyard
7. Where will your dog be housed?: ☐ Inside ☐ Outside ☐ Both ► Will the dog be chained?: ☐ Yes ☐ No
8. How many people live in your household?: _____ Adults _____ Kids ► Please list children's ages: _____
9. Are you a student?: ☐ Yes ☐ No ► What school do you attend?: _____
10. If you are a student, what will you do with your dog when done school?: _____

11. Do you have any pets currently?: ☐ Yes ☐ No ► Please list quantity, species, age, sex: _____

12. If you have pets currently, are their vaccines up-to-date?: ☐ Yes ☐ No ► Are they spayed/neutered?: ☐ Yes ☐ No
13. If you do not have pets currently, have you had pets in the past?: ☐ Yes ☐ No
14. If yes, what became of them?: ☐ Gave away ☐ Died (How: ☐ Age ☐ Disease: _____) Other (please specify) _____

15. Were you the primary caregiver?: ☐ Yes ☐ No ☐ Other (ie: family pets) _____
16. Have you lost a dog to an infectious disease in the last 6 months?: ☐ No ☐ Yes (please specify): _____

17. Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months?: ☐ No ☐ Yes: If yes, please explain: _____

18. Do you plan to take your dog to training classes and/or consult a trainer?: ☐ Yes ☐ No ☐ Unsure
19. For what reason would you consider giving up/rehoming your dog?: _____

20. Have you adopted from On Guard Dobermanns before?: ☐ Yes ☐ No

21. Would you permit a home visit by a representative of On Guard Dobermanns to ensure that this is a good fit for the dog you wish to adopt?: ☐ Yes ☐ No
22. How often per year would your dog see a veterinarian?: _____
23. How much do you expect to spend per year on your dog, including but not limited to food, vet costs, etc.?: ☐ \$50-\$100 ☐ \$100-\$300 ☐ \$300-\$500 ☐ \$500-\$1,000 ☐ >\$1,000
24. Is there anything else you would like us to know as we begin to process your application?: _____

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Your Information By signing below, I certify that the information I have provided is true.	References Please authorize your veterinarian to release information to On Guard Dobermanns. If you do not have a veterinarian, please list two personal references.
Name (Please print):	Reference #1: Veterinarian/Personal
Signature:	Name:
Address:	City: Tel.:
City:	Reference #2: Personal
Province:	Name:
Postal Code:	City: Tel.:
Tel.:	Reference #3: Employer
Alt. Tel.:	Name:
Email:	City: Tel.:

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Application Received:

Date: _____ Time: _____ Initial: _____

1. Application : ☐ Approved ☐ Denied Initial: _____
2. References: ☐ Approved ☐ Denied Initial: _____
3. Tel. Interview: ☐ Approved ☐ Denied Initial: _____
4. Notification of approval/denial: Date: _____
Initial: _____

On Guard Dobermanns reserves the right to refuse adoption to any individual.

We will not release the reason for refusal.

Application does not guarantee approval.

Dogs are not placed on a first come, first serve basis.