

SIGRC/FLASH RESCUE Adoption Application

Name(s): _____

Occupation(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

e-mail address(s): _____

Other contact info: _____ Ages of Children in home: _____

Dwelling is: House Apartment Townhouse Mobile Home Other _____

Is the street: Busy Quiet In-between Describe setting: Rural Suburban Urban

Describe property briefly: _____

Describe fenced area: Height: _____ Type: _____ Area enclosed: _____

Tell us about why you want to get a (another) dog: _____

Why do you want a Golden Retriever versus other breeds? _____

Previous dog experience: _____

At what age(s) and under what circumstances did previous dog(s) die? _____

List Type / Sex / Spayed / Neutered / Ages of current pets: _____

Have your pets ever been introduced to a new dog? _____

Do you own any other animals, or do your neighbors have animals that you would like to consider in this adoption process, such as cats that may wander into the yard? (cats, dogs, birds, lizards, rodents, etc.)

Work schedules of adults in the house: _____

How many hours a day (on average) will the dog spend alone? _____

Please describe in detail where the dog will be when you are at home and when away from the home

Where will the dog spend nights? (circle all that apply)

Indoors (loose) Indoors (crated) Indoors (in a room) Basement Garage
Fenced yard (loose) Loose (unfenced) Tied out Kennel run Other _____

Where will the dog be kept during vacations? _____

Who would be the primary caregiver for this Golden Retriever? _____

How, by whom, and how often will the dog be exercised? _____

What kind of training have you completed with previous dogs? (circle all that apply)

None basic/pet obedience competitive obedience tracking conformation showing hunting guard
dog search & rescue agility therapy dog police K9 work
other (describe)

Would you be willing to take your dog to an obedience class? Yes____ No____

If no, why not?

List all plans for this dog (circle all that apply):

None basic/pet obedience competitive obedience tracking conformation showing hunting guard
dog search & rescue agility therapy dog police K9 work
other (describe)

Do/did you routinely walk your dog(s) on leash? _____

Do you have a leash law in your city/town? _____ **Describe:** _____

Have you ever housetrained a dog before? _____ **Are you willing to housetrain an adopted Golden?** _____

Do you own a crate? _____ **Size / type of crate?** _____

Do you own or rent your home? _____ **If renting we will need to verify with your landlord permission that you have permission to own a dog.**

Landlord's name/address/phone# _____

Are/is/were your dog on heartworm preventative? Yes____ No____

If no, why not?

What brand of dog food do/did you feed? _____

FLASH will contact your veterinarian. Please contact him/her and give permission for us to discuss your past pet history prior to FLASHs call.

Veterinarian or Clinic Name: _____ Phone: _____

Address: _____ City: _____ State ____ Zip _____

Be aware of the following:

- Golden Retrievers shed. They need regular grooming, their toenails need regular clipping, their teeth need regular brushing, and their ears need occasional cleaning,
- Goldens should get yearly DHLPP/Bordetella booster vaccinations and they must have annual heartworm tests and take preventative for at least 9 months of the year (12 months preferred). They also need a rabies shot every year.
- Goldens need daily exercise and mental stimulation to help avoid behavioral problems. (realize that any dog that has a “job” will be a better behaved, happier dog). That “job” may be obedience training, agility, daily structured interaction with the family, etc.
- Annual expenses for vet care, food, training, toys etc will run at a minimum of \$500 - \$1000. Are you prepared to meet those needs? Yes _____ No _____

Any preference / stipulations in a Rescue Golden (age, color, sex) or issues that you are sensitive about? Also, any additional information you would like to have considered when reviewing your application?

Signature: _____ **Date:** _____

Please return form to: