

FOSTER APPLICATION



Dames for Danes Great Dane Rescue

Address: PO Box 4922, Oak Ridge, TN 37831

Phone: 865-269-4471

Email: kdypolt06@comcast.net

Web: www.damesfordanes.org

Please Note: Completing this application is **NOT** a reservation or guarantee of any dog. Dames For Danes Org. reserves all rights to deny any adoption.

Date: _____

Full Name	_____	Home Phone	_____
Email Address	_____	Work Phone	_____
Age	_____	Mobile Phone	_____
Birthday	_____	Address 1	_____
City	_____	Address 2	_____
Zip Code	_____	State:	_____
Dr. License #	_____	Dr. License State	_____

Best Time to contact: Morning Afternoon Evening

How did you hear about us? _____

Why do you want to own a Great Dane? _____

Have you ever owned a Great Dane? Yes No

What would be your preference in a Great Dane? No Preference Some Preference (see below)

Color: _____ Age: _____ Sex: Female Male

Do you consider yourself/family to be active in such a way that it would include your Dane? Yes No
Please describe: What pets do you **currently** have? (Please be specific and include breed of dog)

Type/Breed	Sex	Spay/Neuter	Approximate Age
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Have you or anyone in your family ever surrendered an animal? Yes No

If yes, please explain: _____

Have you ever euthanized an animal? Yes No

If yes please explain: _____

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Please List all animals you have owned in the past 10 years, EXCLUDE the "Current" ones listed above:

Type/Breed	Sex	Spay/Neuter	Approximate Age
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

If you currently have a dog, does it get along with other dogs? Yes No Uncertain

Ever bred a litter? Yes No

Ever attend obedience training with a dog? Yes No

Are you willing to attend obedience classes? Yes No

Current Dog Food (Brand/s): _____

Do you currently own cats? Yes No If yes, Are they used to dogs? Yes No

Veterinary Reference

Full Name	_____
Address	_____
City, State	_____
Zip Code	_____
Phone Number	_____

1) PERSONAL REFERENCE (Please do not list family members)

Full Name	_____	Home Phone	_____
Email	_____	Work Phone	_____
Address 1	_____	Mobile Phone	_____
City	_____	State	_____
Zip	_____		

2) PERSONAL REFERENCE (Please do not list family members)

Full Name	_____	Home Phone	_____
Email	_____	Work Phone	_____
Address 1	_____	Mobile Phone	_____
City	_____	State	_____
Zip	_____		

Applicant's Home Environment:

Yard size: Small Medium Large Please list your approximate Square Footage/Acreage: _____

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Fence Height: _____ Fence type: _____

Is the yard completely enclosed by fence? Yes No

Is there an enclosure attached to the house? Yes No

What type of shade is available in your yard/enclosure? _____

How many hours per day will the dog be outside? 1-3 4-6 7-10 Other: _____

How many hours per day will the dog be left alone? 1-3 4-6 7-10 Other: _____

Is there anyone home during the day? Yes No

Where will the dog stay during the day when alone? _____

Do you own/have you used a dog crate? Yes No

Are you willing to purchase and use a dog crate? Yes No

What do you do with your pets when you go on vacation? _____

Are you aware that kenneling is more expensive for a Great Dane? Yes No

How many children do you have? _____ Ages of Children: _____

Will any other children have contact with a Dane? Yes No

Ages of other children that will have contact with a Dane? _____

Any asthma or allergies in household to dogs or cats? Yes No

Please describe neighbors that the Dane will be involved with. _____

Do your neighbors like Dogs? Yes No Uncertain

Do your neighbors have dogs or cats? Yes No Uncertain

If yes, please list types: _____

Do your neighbors have children? Yes No Uncertain Approx. Ages of Children: _____

Any problems with neighbors, currently? Yes No

If yes, please explain: _____

Have you ever been contacted by or had problems with Animal Control? Yes No

If yes, please explain: _____

Do you own or rent your residence? Own Rent

If you rent, include a letter of permission from your landlord to have a Great Dane.

Landlord's Name _____

Home Phone _____

Email _____

Work Phone _____

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Address 1 _____ City _____
State _____ Zip _____

Do all parties (if more than 1 adult in the house) want a Great Dane? Yes No
Have you researched Great Danes? Yes No
May an agent of the Dames for Danes Visit your home? Yes No

Adopted pets need an adjustment time.

Are you willing to give the new dog at least one (1) month trial to ensure proper adjustment?
 Yes No Uncertain
Would you consider a second Great Dane at a future date? Yes No
Are there any questions about the Great Dane breed we can answer? _____

Applicant or Applicant's Family Member in Military (Active/Reserves) Information.

Are you or your spouse/partner active or inactive members of the military? Yes No
If yes, describe status, branch, and rank. _____
If yes, state the date of your last deployment. Date: _____
Have you or your spouse been deployed anywhere other than the state of Tennessee over the last three years? Yes No
Do you or your spouse/partner anticipate deployment or relocation outside of Tennessee in the next ten years? Yes No
Do you or your spouse/partner agree to notify Dames for Danes in the event deployment or relocation is required in the next ten years? Yes No
If the need to move arises, what will you do with your Great Dane? _____
What would, in your opinion, constitute a reason for not keeping the dog? _____

We are always in need of temporary homes for our rescue Danes.

Would you be willing to foster a needy Great Dane if it is compatible with your lifestyle and other pets?
 Yes No If yes, for how long? _____

If a Great Dane is placed with me/us, I/we agree to cooperate with Dames for Danes in its attempt to provide a smooth adoption. I also agree to contact DFDGDR about problems that might arise in the future. Should the dog need to be removed, or euthanized (prior to normal old age), I will contact Dames for Danes Great Dane Rescue first to determine whether the dog might be a candidate for placement elsewhere.

I certify that the information that I have provided is true, correct and complete to the best of my information and belief and that I have not willfully concealed any information in answering the above questions.

ADOPTION APPLICATION

Signed _____

Date _____

Signed _____

Date _____

For Dames for Danes Great Dane Rescue Internal Use Only

References checked by: _____

Reference # 1 – Date Checked Notes: _____

Reference # 2 – Date Checked Notes: _____

Home Check Completed: By: Date: _____

Application Received (date): Approved Denied

Vet Check – Phone Interview: _____

Notes: _____

Mail / Email the **completed** form to the address listed on Page 1. Note: All fields must be completed.