



## Adoption/Foster Application

### Last Hope Doberman Rescue

All potential adopters and foster homes are screened for suitable placement of animals. We reserve the right to refuse placement of an animal for any reason.

#### REQUIREMENTS/QUALIFICATIONS:

- \*You must be 21 years of age or older and have identification showing your present address.
- \*You must have the consent of all adults living in the household.
- \*You must have the consent of your landlord if you rent your residence and proof of pet deposit.
- \*Your pets must have current vaccinations and be free of contagious illnesses and be spayed or neutered.
- \*You must be able and willing to spend the time necessary to provide/administer proper training, medical treatment, and care for the pet.
- \*You must agree that any damage done to your home by the pet is NOT our responsibility.
- \*Adoptions are restricted to families with children ages 7yr and older and are considered on a "case by case" basis.

#### ADOPTION/FOSTER INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

Phone # \_\_\_\_\_

Please Select One:

Own home\_\_\_\_ Rent\_\_\_\_ Live w/parents\_\_\_\_ Military\_\_\_\_  
House\_\_\_\_ Apartment\_\_\_\_ Condo\_\_\_\_ Townhouse\_\_\_\_ Duplex\_\_\_\_ Mobile  
Home\_\_\_\_

EMPLOYER\_\_\_\_\_

This pet will be kept:

Totally Inside\_\_\_\_ Mostly Inside\_\_\_\_ Most Outside\_\_\_\_ Totally Outside\_\_\_\_

Number of adults in household: \_\_\_\_\_

Number of children in household: \_\_\_\_\_Ages\_\_\_\_\_

Do all adults in household consent to adoption of this pet: Yes/No

Are you a student? No/Full-time/part-time

Do you travel frequently? Yes/No

Does anyone living in your household have any known allergies to:

Cats: Yes/No

Dogs: Yes/No

Other animals? Yes/No

Do you have an enclosed fenced yard attached to your home? Yes/No

Type of fence: Wood/chain link/Other \_\_\_\_\_

Height :\_\_\_\_\_ft.

Is your fenced yard:

Large? Medium? Small? (circle one)

How long at current address? \_\_\_\_\_yrs \_\_\_\_\_

Do you plan to move in the next 12 months? Yes/No

Circle time away from home:

home all day / out part-time / away 7-10 hours daily / other\_\_\_\_\_

Where will this pet stay while you are gone during the day?

\_\_\_\_\_

Do you travel with your job? \_\_\_\_\_

How often do you travel (pleasure/business)? \_\_\_\_\_

Where will the pet stay when you travel? Answer required

\_\_\_\_\_

Where will this pet sleep at night?\_\_\_\_\_

Are you willing to purchase a crate if needed?\_\_\_\_\_

Do you have a pet door?\_\_\_\_\_

Are you planning to enroll your pet in a professional training program? \_\_\_\_\_

Will you take this pet to obedience class and/or commit to professional training if necessary for your new companion?\_\_\_\_\_

Do you plan to walk your dog off leash? Yes/No

And if so when/where? \_\_\_\_\_

Do you plan to visit off leash dog parks with your dog? Yes / No

**RENTER INFO:**

- Does your landlord allow pets? Yes/No
- Is a pet deposit required? Yes/No
- How much?\_\_\_\_\_Per pet or per household.
- Is there a breed restriction? Yes/No

- Is there a weight/size limit? Yes/No \_\_\_\_\_ weight/size
- Can proof of deposit be obtained from your landlord? Yes/No
- Name/# of apartment complex /landlord

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- Phone #\_\_\_\_\_

**IF YOU ARE APPLYING TO FOSTER:**

Would you be willing to foster until the dog is adopted? Yes/No

What is the maximum length of time you would be willing to foster a dog?

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If you are applying to foster, would you be willing to foster a non-dog friendly dog and keep your current pets separated by use of a crate and rotating house/yard time with their pets and the foster dog? Yes/No

**PET OWNERSHIP HISTORY**

Why do you want a Doberman?\_\_\_\_\_

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Is there a particular Doberman in which you are interested?

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Do you have a preference of cropped ears or natural ears?

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Do you only want cropped ears? \_\_\_\_\_ If so, why?

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Where did you see this Doberman or learn about Last Hope Doberman Rescue?

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Have you ever adopted an animal before? Yes/No If yes, from who

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Have you ever given up an animal for any reason? or had it euthanized for any reason other than a terminal illness? Yes/No

If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you getting this animal for yourself? \_\_\_\_or as a gift\_\_\_\_\_ for\_\_\_\_\_

Please tell us what behaviors you are unwilling or unable to work through (after initial adjustment and training period attempted) digging chewing barking jumping eliminating in the house thunderstorm/separation anxiety  
Other\_\_\_\_\_

Are you willing to call us for advice and work with a trainer on any of these issues if a problem persists? Yes/No

Who will be primary caregiver?\_\_\_\_\_

What type of food do you feed? \_\_\_\_\_

Do you want your pet spayed/neutered? Yes/No

Do you plan to chain your pet in the yard? Yes/No

Can you keep your new pet away from your other pets in the house for at least one week when you are unable to monitor their interaction? Yes/No

Total number of pets currently owned: \_\_\_\_\_Dogs \_\_\_\_\_Cats \_\_\_\_\_others

Number of pets NOT currently owned but owned within the last 10 years  
\_\_\_\_Dogs \_\_\_\_\_Cats \_\_\_\_\_others Specify what happened to them \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Are all the pets in your household current on shots? Yes/No

Please explain what you believe causes heartworm disease?

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Please explain what you believe is the cost and risk of treating heartworm disease?

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On heartworm preventative? Yes/No

What kind? \_\_\_\_\_ Given on what day \_\_\_\_\_

Where do you purchase your heartworm preventative?

Vet \_\_\_\_\_ Other \_\_\_\_\_

What do you use for flea/tick prevention?

Do you know the risk of an expired rabies vaccination? Please explain:

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Name and Address of your Veterinarian:

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Phone # \_\_\_\_\_

List 2 additional references name and phone:

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Do you give us permission to call your veterinarian, other references and do a home check prior to adoption? Yes/No

Please list all pets currently owned or owned in the past:  
Include ALL pets currently in household or on premises.

Canine/Feline Name: \_\_\_\_\_ Breed \_\_\_\_\_ M/F Age \_\_\_mos/yrs  
Owned: \_\_\_\_\_mos/yrs  
Owned now? Yes/No If no: why not? \_\_\_\_\_ Altered Yes/No if no, why not \_\_\_\_\_  
Kept: Totally inside\_\_\_ Mostly inside\_\_\_ Totally outside\_\_\_ Mostly outside\_\_\_  
Declawed\_\_\_

Canine/Feline Name: \_\_\_\_\_ Breed \_\_\_\_\_ M/F Age \_\_\_mos/yrs  
Owned: \_\_\_\_\_mos/yrs  
Owned now? Yes/No If no why not? \_\_\_\_\_ Altered Yes/No if no, why not \_\_\_\_\_  
Kept: Totally inside\_\_\_ Mostly inside\_\_\_ Totally outside\_\_\_ Mostly outside\_\_\_  
Declawed\_\_\_

Canine/Feline Name: \_\_\_\_\_ Breed \_\_\_\_\_ M/F Age \_\_\_mos/yrs  
Owned: \_\_\_\_\_mos/yrs  
Owned now? Yes/No If no why not? \_\_\_\_\_ Altered Yes/No if no, why not \_\_\_\_\_  
Kept: Totally inside\_\_\_ Mostly inside\_\_\_ Totally outside\_\_\_ Mostly outside\_\_\_  
Declawed\_\_\_

Canine/Feline Name: \_\_\_\_\_ Breed \_\_\_\_\_ M/F Age \_\_\_mos/yrs  
Owned: \_\_\_\_\_mos/yrs  
Owned now? Yes/No If no why not? \_\_\_\_\_ Altered Yes/No if no, why not \_\_\_\_\_

Kept: Totally inside Mostly inside Totally outside Mostly outside Declawed

Canine/Feline Name:\_\_\_\_\_ Breed \_\_\_\_\_M/F Age \_\_\_\_mos/yrs

Owned: \_\_\_\_\_mos/yrs

Owned now? Yes/No If no why not?\_\_\_\_\_ Altered Yes/No if no, why not\_\_\_\_\_

Kept: Totally inside\_\_\_ Mostly inside\_\_\_ Totally outside\_\_\_ Mostly outside\_\_\_  
Declawed\_\_\_

Do you agree to abide by our guidelines and to return the pet to us if you cannot keep it; and to notify us if the pet is lost or dies? Yes no (circle one)

I understand if the information provided on this application is incorrect or untrue, I will surrender this pet to LHDR upon demand. I agree to allow a representative to inspect my home and yard and if any violations of the contract are in evidence, I agree to allow an agent of LHDR to remove the animal from the premises and this entry shall not constitute trespass. I certify that all the information in this application is correct and complete to the best of my knowledge.

Signature\_\_\_\_\_ (type name if doing electronically) Date:\_\_\_\_\_

**Please email the completed adoption application to:  
lasthopeapps@gmail.com**

**Foster applications- please email to  
lasthopedoberman@gmail.com**

Contact information:

Last Hope Doberman Rescue <http://www.lasthopedobermans.org>

Michelle Cusenza: 586-381-2934