

# DPR of PA



## ADOPTION & FOSTER CARE APPLICATION

*Please return completed application to: Shirley Crumbling, 399 Old Garden Lane, York, PA 17403-4049.*

**Adoption fee: Paid at time of adoption, varies by dog. Ask a representative for the amount.**

This application is for  Adoption  Foster Care  Both

Applicant's Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ State, Zip code \_\_\_\_\_

Cell # \_\_\_\_\_ e-mail address \_\_\_\_\_

Employer 1: \_\_\_\_\_ Occupation \_\_\_\_\_

Employer 2: \_\_\_\_\_ Occupation \_\_\_\_\_

### DOG SELECTION

Have you ever owned a Dobe? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

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

*Tell us your preferences (adoption applicants only).*

Sex:  Male  Female. Ears:  Cropped  Natural. Age \_\_\_\_\_ Color \_\_\_\_\_

Function:  Watch dog  Companion  Obedience Dog  Other \_\_\_\_\_

Temperament:  Active  Calm  Shy  Intelligent  Playful  Protective  Loving  Independent

### DOG CARE

How many hours a day will the dog be left alone? \_\_\_\_\_

Where will the dog be kept during the day/night? \_\_\_\_\_

How will you exercise your dog? \_\_\_\_\_

Have you trained a dog in obedience? \_\_\_\_\_ If yes, to what level? \_\_\_\_\_ If you adopt from DPR

will you train through beginners' obedience? \_\_\_\_\_ If not, how will you train? \_\_\_\_\_

What do you consider quality time with your dog? \_\_\_\_\_

Have you ever used a dog crate? \_\_\_\_\_ What brand of food do you feed your dogs? \_\_\_\_\_

Do you use flea and tick preventative? \_\_\_\_\_ What brand? \_\_\_\_\_

Please list the specific Doberman health issues you are aware of \_\_\_\_\_

\_\_\_\_\_ We will educate you if needed.

Who is your veterinarian? Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

**Please authorize your veterinarian to release information to DPR of PA when we call. Otherwise we may not be able to process your application.** Have you done this? \_\_\_\_\_

### HOUSING

Own  OR Rent  (Check type)  House  Condo  Townhouse  Trailer  Apartment

If you rent, please include your landlord's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_ Do you plan to move within the next 6 months? \_\_\_\_\_

Do you have a yard? \_\_\_\_\_ Size? \_\_\_\_\_ Enclosed Fence? (type/height) \_\_\_\_\_

*Continued on next page*

Please list the names and ages of all who live in your household. \_\_\_\_\_

\_\_\_\_\_

Who will be the primary caretaker? \_\_\_\_\_ Does anyone have allergies? \_\_\_\_\_

List people and animals that visit you on a regular basis (i.e. grandchildren, mother with a walker, babies, etc.)  
Name, Type (human, dog, etc.), Age, What makes the visitor appear different?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What pets do you currently have in your home? Please include:

Name, Breed or Species                      Age, Sex, Neutered?                      Kept where?                      Owned how long?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do these pets relate to other animals in general? \_\_\_\_\_

\_\_\_\_\_

What other dogs have you owned in the past? Why are these dogs no longer with you? If the reason is death, please list the dog's age at death and the cause. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names and telephone numbers of at least two references that we may contact. These may include neighbors, breeders, trainers, etc. \_\_\_\_\_

\_\_\_\_\_

Please list any additional comments or questions you may have. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about DPR of PA, Inc.? \_\_\_\_\_

*I UNDERSTAND THAT OWNING A DOG IS A COMMITMENT FOR THE DOG'S LIFETIME AND IF I ADOPT A DOG FROM DOBERMAN PINSHER RESCUE OF PA, INC., I AM WILLING TO MAKE SUCH A COMMITMENT.*

I certify that all information in this application is accurate and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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