

# DPR of PA

## RELEASE APPLICATION



*Please return completed application to: Jen Imhoff, 1669 New Bloomfield Road, New Bloomfield, PA 17068.*

*We request a \$50.00 donation when you release a dog to us or place the dog with someone we refer to you.*

*This donation is tax deductible and will help support our work.*

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ e-mail \_\_\_\_\_

Name of Dog to be released \_\_\_\_\_

### General Information

Why are you relinquishing your Doberman for adoption? \_\_\_\_\_

Where and when did you acquire your dog? \_\_\_\_\_

Please include their name and phone number. \_\_\_\_\_

Did you meet your dog's parents?  Yes  No What were they like? \_\_\_\_\_

Has this dog had previous owners?  Yes  No How many? \_\_\_\_\_

Is your dog neutered?  Yes  No At what age? \_\_\_\_\_

If not neutered, are you willing to provide that service?  Yes  No

Color: \_\_\_\_\_

Ears cropped?  Yes  No

House broken?  Yes  No

Age: \_\_\_\_\_

Tail docked?  Yes  No

Crate trained?  Yes  No

Sex: \_\_\_\_\_

Weight \_\_\_\_\_

Height at shoulders \_\_\_\_\_

Feeding frequency and amount \_\_\_\_\_ Brand \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

Obedience trained?  Yes  No To what level? \_\_\_\_\_

Trainer's name \_\_\_\_\_ Trainer's phone number \_\_\_\_\_

How is your dog confined outdoors? Leash Fenced yard Invisible fence Other: \_\_\_\_\_

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**Medical History:**

DHLPP?  Yes  No Date: \_\_\_\_\_ Rabies?  Yes  No Date: \_\_\_\_\_

Bordetella?  Yes  No Date: \_\_\_\_\_ Dewormed?  Yes  No Date: \_\_\_\_\_

Heartworm Check?  Yes  No Date: \_\_\_\_\_ Results \_\_\_\_\_

Is your pet presently on heartworm preventative?  Yes  No If yes, what brand? \_\_\_\_\_

Veterinarian Name, Address, \_\_\_\_\_

City/State/Zip/Phone \_\_\_\_\_

Any ongoing medical problems? \_\_\_\_\_

Any resolved medical problems? \_\_\_\_\_

Is your dog presently on medication or dietary supplementation?  Yes  No

If yes, what kind? \_\_\_\_\_

**Temperament Information**

Answer the following as completely as possible. Use the back of the page if necessary.

Has your dog ever bitten anyone (human or animal)? \_\_\_\_\_

Describe the circumstances on the back of this page.

How would you summarize the dog's general attitude? \_\_\_\_\_

My dog likes to: \_\_\_\_\_

My dog does not like to: \_\_\_\_\_

**How does your dog respond to?**

Cats: \_\_\_\_\_

Other Dogs: \_\_\_\_\_

Children: \_\_\_\_\_

Veterinarians: \_\_\_\_\_

Strangers: \_\_\_\_\_

Have you encouraged your dog to play/act in an aggressive manner? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

**How does your dog react when you:**

Approach it while playing with a toy: \_\_\_\_\_

Approach it while the dog is sleeping: \_\_\_\_\_

Step over it: \_\_\_\_\_

Push it off the bed, couch, etc.: \_\_\_\_\_

Reach for it: \_\_\_\_\_

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Put a leash on it: \_\_\_\_\_

Touch its feet: \_\_\_\_\_

Trim its nails, clean ears or teeth: \_\_\_\_\_

Take away a FULL or EMPTY food bowl: \_\_\_\_\_

Take away human food that has fallen to the floor: \_\_\_\_\_

Push on its rump or shoulders: \_\_\_\_\_

Push it onto its back: \_\_\_\_\_

Stare at him/her: \_\_\_\_\_

Take its muzzle into your hands and shake it: \_\_\_\_\_

**How does your dog react when?**

Someone knocks on the door: \_\_\_\_\_

People enter the house: \_\_\_\_\_

People leave the house: \_\_\_\_\_

He/she is on leash and another dog approaches: \_\_\_\_\_

Does the approaching dog's sex matter: \_\_\_\_\_

He/she is on leash and another person approaches: \_\_\_\_\_

When it's corrected while on leash: \_\_\_\_\_

When it's verbally disciplined: \_\_\_\_\_

When it's physically disciplined: \_\_\_\_\_

When someone raises his or her voice to its owner: \_\_\_\_\_

When someone hugs or touches its owner: \_\_\_\_\_

Please include any other information that would be helpful in placing your dog in the right home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for filling out this questionnaire. Although lengthy, it will aid in evaluating your pet and hopefully enable us to find the best match (should it be adoptable). In addition to the questionnaire, a copy of your pet's veterinary records, as well as at least one photograph must be returned to DPR of PA before the process can begin.

By signing your name to this form, you are stating that the information you have given is truthful and complete and to the best of your knowledge, your dog has never attacked or bitten a person or animal (except as you have decribed it in this questionnaire).

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

02-10-10

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## CONSENT TO RELEASE

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I, \_\_\_\_\_ (owner's name), hereby release this Doberman Pinscher, \_\_\_\_\_ (dog's name), local license number \_\_\_\_\_, tattoo number \_\_\_\_\_ to \_\_\_\_\_, a representative of Doberman Pinscher Rescue of PA, Inc. for placement in a suitable pet home. I understand that this dog will be thoroughly evaluated for temperament and suitability as a pet, and if the dog is determined unsuitable as a pet, he/she may be humanely euthanized. I agree and understand that I have no further ownership or claim to this dog.

Dog accepted by: \_\_\_\_\_ Date \_\_\_\_\_

Dog relinquished by: \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_

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

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## AGGRESSION/BITE DISCLAIMER

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The Mission of Doberman Pinscher Rescue of PA, Inc. is to rescue and place purebred Doberman Pinschers who display proper temperament and health potential into responsible pet homes. A dog who acts out aggressively does not meet these requirements. There can be exceptions to this statement given the particular circumstances. To responsibly re-home a dog, DPR requires that you fully disclose any and all occasions where your Dobe either growled at or bit a human or an animal.

(Doberman's name) \_\_\_\_\_ has growled at or bitten a human.  Yes  No

(Doberman's name) \_\_\_\_\_ has growled at or bitten an animal.  Yes  No

If "Yes" is checked, please describe the circumstance(s). Use the back of this page if needed.

Your Name \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ e-mail \_\_\_\_\_

All names by which dog is known \_\_\_\_\_

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

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