

DPR of PA

RELEASE APPLICATION



Please return completed application to: Lois Katchur, 330 Katys Church Road, Muncy, PA 17756.

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, please send at least one photograph of your pet, as well as your pet's veterinary records, if available, to DPR of PA to begin the process.

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 described it in this questionnaire).

Signature: _____ Date: _____

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CONSENT TO RELEASE

I, _____ (owner's name), hereby release this Doberman Pinscher, _____ (dog's name), local license number _____, microchip number _____ to _____, a representative of Doberman Pinscher Rescue of PA, Inc. (c/o 9203 Hickory Hill Road, Oxford, PA 19363) 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, there may be circumstances that 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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*Your consideration of a donation to DPRPA when you release a dog to us or place the dog with someone we refer to you is greatly appreciated. Please keep in mind that a donation is only **optional** and is **not required** to bring a dog into our program. Donations are tax deductible and will help support our work.*

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AGGRESSION/BITE DISCLAIMER

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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