

JOSHUA'S HOUSE FOR GOLDEN RETRIEVER RESCUE, INC.

P.O. BOX 513

LECANTO, FL 34460

EMAIL: elpavlik1960@gmail.com

PHONE: 352-228-7573

This is a comprehensive adoption application that may seem formal but is intended to ensure that the right dog is being placed with you. An improper placement, or one with inadequate information, can end tragically for the dog and the adoptive family. All information furnished will be kept confidential.

NAME: _____

CO-APPLICANT: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

How may we contact you?: **Select...** _____

Why do you want to adopt a golden retriever?: _____

Do you rent or own your home?: **Select...** _____

If you rent, do you have written permission from your landlord to have a dog over 50 lbs.?:

Select... If yes, please include a copy of the letter.

Is your yard fenced?: **Select...** _____

What kind of fence and how high?: _____

Do you have a pool?: **Select...** _____

Do you have a dog door leading to the outside?: **Select...** _____

If yes, will the dog have access when you are not home?: **Select...**

Have you ever owned a golden?: **Select...**

If yes, what happened to it?: _____

Are there other pets in the home?: **Select...**

If yes, please list species, breed, age, and whether they are spayed/neutered:

Please describe how your pets get along with dogs:

Does anyone in your household have allergies to dogs?: **Select...**

Who will have primary responsibility for the care of your golden?: **Select...**

Is anyone regularly home during the day?: **Select...**

On average, how long will the dog be without humans during the day?: _____

Will your dog have access to the entire house?: **Select...**

Where will your dog sleep at night?: _____

Will you use a crate?: **Select...**

Will your dog ever be kept in the garage, live outside in the yard, or outdoor kennel?:

Select...

Do you tie or chain your dog at any time?: **Select...**

Are there children in the home or do children regularly visit?: **Select...**

If yes, what are their ages?: _____

Have you ever sold, given away, or surrendered a pet to a shelter?: **Select...**

If yes, please explain the circumstances: _____

How will you provide exercise for your dog?: _____

If you are away on vacation who will care for your dog?: _____

Are you aware that Golden Retrievers shed?: **Select...**

Do you realize your golden will require ongoing flea, tick, and heartworm preventive medicine or treatment?: Select...

Are you aware that routine care and maintenance of a Golden Retriever averages between \$800 and \$1,000 per year?: Select...

Are you aware that Golden Retrievers are large and friendly dogs that may jump and could knock down children and elderly people?: Select...

Will you provide additional training, if needed for your golden?: Select...

Will your golden be allowed on the furniture?: Select...

Some are accustomed to being allowed on furniture, some are not.

Would you prefer a male or female?: Select...

What age?: _____

Do not rule out an older dog, they are usually already trained. Puppies need training.

Would you consider adopting a dog with special needs such as physical or sensory limitations, or a dog that requires medication for a chronic controlled condition?: Select...

Would you consider a golden mix?: Select...

Would you use a groomer or groom your golden yourself?: Select...

Who will you use as your veterinarian?: _____

We would like a reference from your current veterinarian, would you authorize us to contact them and allow them to release confidential information about you and your pets?:

Select...

Please provide your current pets names: _____

Please provide your veterinarian's name and phone number:

I/we understand that completing this application does not guarantee adoption of a dog from Joshua's House Golden Retriever Rescue. JHGRR reserves the right to refuse to adopt to any applicant. We also understand that JHGRR will work to provide us with a dog suitable to our personalities and lifestyles. We also agree to a home visit from volunteers of JHGRR to meet with us and our current family of pets.

APPLICANTS SIGNATURE

DATE

CO- APPLICANTS SIGNATURE

DATE

Call us at: 352-228-7573 (Ellen Pavlik, President of JHGRR)

Email: elpavlik1960@gmail.com

Or mail application to: Joshua's House Golden Retriever Rescue

P.O. Box 513, Lecanto, FL 34460

JOSHUA'S HOUSE GOLDEN RETRIEVER RESCUE

ADOPTION APPLICATION

MEET AND GREET WAIVER

I acknowledge and understand that dogs involved in JHGRR's program may be untrained and/or have medical issues and therefore there exists a risk of personal injury. On behalf of myself/our, my heirs, personal representatives, and executor, I release, discharge, and hold harmless JHGRR, its officers, board of directors, and volunteers from any and all claims, causes of action or demand of any nature or cause connected with my/our connecting and interacting with JHGRR's rescued dogs.

I/WE HAVE READ, FULLY UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS OF THIS AGREEMENT.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

CO-APPLICANT SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL: _____