

**Doberman Rescue of Lake Placid, Inc. Application Form For Adoption**

Name of Applicant		Name of Spouse	
Occupation		Occupation	
Address		Phone	
City	Zip	Primary E-mail	
Home Phone	Other	FAX #	
Primary Address		Dr. License #	
Dr. License #		How long at this address?	
Rent or Own? House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/>		Landlord's Phone #	
Does your landlord allow pets? Yes <input type="checkbox"/> No <input type="checkbox"/>		Property Owner's name	
Other Occupants?	Number of Adults?	Children?	Ages?
Do you have a yard? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of fence?	Size of yard?	

**Current Pets in Your Household – Use back of sheet if necessary**

Breed	Name	Sex	Years Owned?	Spayed or neutered?
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

All dogs on Heartworm prevention? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please explain:
All pet current on vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, please explain:
Do you have a veterinarian? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Veterinarian & Practice?
Veterinarian's Phone #	
Address of veterinary practice	
May DRLP contact your veterinarian to verify the above information? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Home Pet Care Plans**

Have you owned a Dobe before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you know the temperament & characteristics of a Dobe? Yes <input type="checkbox"/> No <input type="checkbox"/>
Why do you want to adopt a Dobe?	
Where will the dog be kept during the day?	At night?
Where will the dog be kept when you're not at home?	
On the average, how many hours will the dog be left alone?	
What will you do with your Dobe if you move?	
How many \$ do you plan to spend on your Dobe per year?	
Will you obedience train your Dobe? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to crate train your Dobe? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you plan to exercise your Dobe? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you accept a Dobe with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own any of the following? Dog Crate <input type="checkbox"/>	Dog Door <input type="checkbox"/> Dog Run <input type="checkbox"/>

**Pet History – Use back of sheet if necessary**

If you have owned any pet within the last 3 three years, please fill out the section below. Please be as accurate as possible.

Breed	Name	Sex	Years Owned?	Status?	Spayed or neutered?
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments:

Have you ever been charged with an animal control violation? Yes  No

Explain violation:

Are all household members aware of the intent to adopt? Yes  No

May a representative of DRLP visit your home? Yes  No

**DRLP RESERVES THE RIGHT TO REFUSE ADOPTION FOR ANY REASON**

Applicant's Signature:

Date:

Send, fax, or email completed application to;  
**Dobermann Rescue of Lake Placid, Inc.**  
**171 Hillside Drive**  
**Lake Placid, Fl. 33852**  
**863-699-5396 Voice & Fax**

Gary Veldhuis - [ke4iea@earthlink.net](mailto:ke4iea@earthlink.net)