

Great Creatures Rescue, Inc., Adoption Application

Name _____

Address _____

City _____

State _____

Zip _____

Phone Numbers

_____ (home) _____ (work)

_____ (e-mail) _____ (FAX)

Co-Applicants _____

Your Age _____ Your Spouse's Age _____

Number of Children _____ Their Ages _____

Other residents of your home (include relatives living with you, roommates, etc.)

Name	Age

Do the other residents of your home also want a Great Dane? Yes _____ No _____

Your Occupation _____

Your Employer's Name, Address and Phone Number

How long have you worked for this employer? _____

If less than one year, previous employer (please give name, address, and phone number)

How long with that employer? _____

What are your current work hours? _____

Are the other members of your household employed outside the home? Yes ___ No ___

What are their current work hours? _____

What type of car do you drive?

Please specify make and model _____

If you have a pick up truck, where will your dog ride (please be specific)

Are you in the military? Yes _____ No _____

If you are in the military, what do you plan to do with your dog should you be stationed overseas or another post where you could not take your dog?

Give the dog to someone _____ Give to family member _____

Take him or her to the pound _____ Leave him or her _____

Take to the country and let loose _____ Try to sell _____

Other (please specify) _____

Long range family plans (please be as specific as possible)

What is your current residence?

Apt/Condo _____ Townhouse _____ Trailer _____ Boat _____

Duplex _____ Single family _____ Farm _____

Other (please specify) _____

Do you own? _____ or rent? _____

If you rent, do you have your landlord's permission to have a dog? Yes ____ No ____

How large a dog will your landlord allow? Up to _____ pounds

Will the dog be inside _____ or outside only? _____

Landlord's Name and Phone Number

Is your yard fenced? Yes _____ No _____

Type of fence

Chain Link _____ Wire _____ Privacy _____

Invisible _____ Other (please specify) _____

If you do not have a fence, how will you handle toilet duties?

If you do not have a fence, how will you handle exercise?

Will your Dane be allowed inside your home? Yes _____ No _____

Size of your home or apartment _____

Size of your fenced area _____

How often will you take your dog on a leash walk?

Often _____ Occasionally _____ Never _____

How many hours per day will your Dane be left alone? _____

What time of day will your Dane be left alone? _____

Where will your dog be kept when he or she is alone?

During the day _____

At night _____

Are you familiar with the use of a dog crate to train/confine your dog when you are away? Yes _____ No _____

Are you willing to use a crate? Yes _____ No _____

Will your dog: have the run of the house _____ be confined to one area _____

Be in a crate _____ Be tied up outside _____

Be left in a run _____ Be left outside in your yard _____

When is your family usually at home? _____

Is there any aspect of your home your dog could affect (such as a white carpet, antiques) that would upset you? Yes _____ No _____

Are you willing to move breakable and items that may be spilled out of your Great Dane's reach? Yes _____ No _____

What is your level of activity?

Laid back _____ Constantly on the go _____ Athletic _____

Physically handicapped _____

Do you or anyone in your family have an allergy to hair? Yes _____ No _____

Do you or anyone in your family have any physical impairment? (Please specify who and what impairment)

What are your hobbies?

Do you travel? RV _____ Boat _____ Auto _____

Other (please specify) _____

How often do you go away for an overnight or longer trip? _____

When you are away for an overnight or longer trip, what will you do with your Dane?

Take him or her with me _____ Board him or her in a kennel _____

Use a pet sitter to come once or twice a day _____ Ask a neighbor to take care _____

Use a pet sitter to stay in the home _____ Leave the dog tied up outside _____

Leave the dog in a run _____ Leave the dog outside in the yard _____

Other (please specify) _____

Are you willing to permit a home check by someone representing Great Creatures?

Yes _____ No _____

Do you currently have a dog or other dogs? (please list)

Breed	Age of dog	Spayed/Neutered?

Do you have other types of pets? Yes _____ No _____

Please check the other type of pets you currently have or may acquire

Cat _____ Bird(s) _____ Rabbits _____

Horses _____ Goats _____ Reptiles _____

Hamster/gerbil _____ Pig _____ Cows _____

Other (please specify) _____

Are your other pets spayed or neutered? Yes _____ No _____

Have you ever owned any dogs in the past if you do not have one now?

Yes _____ No _____

What happened to your previous dogs? (Please be specific)

Do you have a preference for a male _____ or female _____?

Do you have a preference for cropped _____ or uncropped ears _____?

Do you have a preference for a particular color?

Fawn _____ Brindle _____ Harlequin _____ Merle _____

Black _____ Blue _____ Mantle _____ Doesn't matter _____

Are you interested in adopting a puppy _____ adult _____ or senior _____?

Would you consider adopting a Great Dane mix? Yes _____ No _____

Would you consider adopting a special needs dog? Yes _____ No _____

Dog that needs medication daily _____ Blind _____

Deaf _____ Missing "body part" (e.g., missing a limb, missing an eye) _____

Have you asked yourself if your lifestyle is so busy that you may not have the time and energy to properly care for and enjoy your Great Dane? Yes _____ No _____

Have you ever taken an obedience class before? Yes _____ No _____

Are you willing to enroll your Great Dane in an obedience class? Yes _____ No _____

Has anyone in your immediate family or who is living with you ever been convicted of or charged with cruelty to animals? Yes _____ No _____

Has anyone in your immediate family or who is living with you ever been convicted of or charged with child abuse? Yes _____ No _____

Why do you want a Great Dane?

What dog behavior do you find objectionable?

Chewing _____ Digging _____ Barking _____

Shedding _____ "Doggie smell" _____ Licking _____

Other (please specify) _____

If you move, what will you do with your dog?

Take him or her with you _____ Give the dog to someone _____

Take him or her to the pound _____ Leave him or her _____

Take to the country and let loose _____ Try to sell _____

Other (please specify) _____

Do you currently have a veterinarian? Yes _____ No _____

Approximate date of your last veterinarian visit _____

Your veterinarian's name, address, and phone number (if you do not currently have a veterinarian, please use the last one you had).

If you have been with your current veterinarian less than one year, please provide the name, address, and phone number of your previous veterinarian.

Other references (please list five persons unrelated to you who are familiar with you and your previous pets--for example, neighbors, pet sitters, consulting veterinarians, obedience instructor).

Name	Address	Phone	Relationship to you

Return via e-mail, or snail mail:

Great Creatures Rescue, Inc.

P.O. Box 70434

Knoxville, TN 37938-0434

Questions: Call Bill Nugent at (865)992-9434 or e-mail eidelweiss@comcast.net.