

KANSAS CITY DOBERMAN RESCUE

ADOPTION APPLICATION

Name		Spouse / Partner / Roommate / etc.. at this address	
Occupation		Their Occupation	
Address		E-mail	
City	State & Zip	How long at this address?	
Phone # (home)	(work)	Drivers License #	

Your home				
Home:	House <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Apt. <input type="checkbox"/>	Own <input type="checkbox"/> Rent <input type="checkbox"/> If renting - supply landlord's phone #
Occupants:	Adults #	Children #	Age(s):	Any frequent children visitors? Y / N Age(s):
Yard:	Size : Length x Width	Fully Fenced ? Lock on yard gates ?	Y / N Y / N	Describe Fence: Type & Height

All other pets that you own now (Including birds, cats, ferrets, snakes, etc..)							
Breed	Name	Current Age	Year Acquired	Sex:	Spayed Neutered	Vaccinated	On Heartworm preventative
_____	_____	_____	_____	M/F	Y/N	Y/N	Y/N
_____	_____	_____	_____	M/F	Y/N	Y/N	Y/N
_____	_____	_____	_____	M/F	Y/N	Y/N	Y/N
if necessary - continue on additional sheet							
Any other pets that visit frequently? Y / N Describe:							
Any livestock on premises? Y / N Describe:							

All previous dogs where you have been the primary caregiver							
Breed	Name	Sex	Spay Neut.	On Heartworm Preventative?	Years owned From - To	Dog's age acquired	Where are they now ?
_____	_____	M/F	Y/N	Y/N	_____ - _____	_____	_____
_____	_____	M/F	Y/N	Y/N	_____ - _____	_____	_____
_____	_____	M/F	Y/N	Y/N	_____ - _____	_____	_____
if necessary - continue on additional sheet							

Veterinarian(s)	
Name	Address
Phone #	Name / Phone # that your records are filed under :
May we contact your Veterinarian(s) for references and to verify all the above information? Yes / No	

Personal References	
These should be able to attest to your pet ownership. Do NOT use immediate family or current veterinarian.	
1 Name	Address
Years acquainted	Relationship
	Phone #
2 Name	Address
Years acquainted	Relationship
	Phone #

Why do you want a Doberman and how will you care for it

Where did you learn about the temperament and characteristics of the Doberman?

What do you like most in the Doberman temperament?

Where will the dog be kept during the day?

Where will the dog be kept at night?

Hours dog will be alone per day? 0-3 3-5 5-7 7-9 9-12 12+

Do you have :- dog run: Y/N dog house: Y/N dog door: Y/N dog crate: Y/N

Have you taken a dog obedience class? Y/N Where/when:

Do you plan to do ... Agility Flyball Obedience Therapy SAR Other :

Have you applied to another Rescue group? Y/N Where/when:

Have you ever been charged with an Animal Control violation? Y/N Where/When:

Are you aware of any restrictions against Dobermans in your municipality? Yes / No / Don't Know

Does your municipality require dog and/or cat licenses? Yes / No / Don't Know

May a representative of KCDR visit your home? Yes / No

Always remember - Kansas City Doberman Rescue is here to answer your Doberman questions !

KCDR RESERVES THE RIGHT TO REFUSE ADOPTION FOR ANY REASON

Failure to complete ALL questions will delay the application process.

Applicants Signature: _____ *Date:* _____

KCDR processing: Initials & Dates:

Vet check: _____ Home check: _____ Reference check 1. _____ 2. _____

Adoption Status _____