



Adoption Questionnaire

How did you hear about us: internet event/booth friend other: _____

Do you have an application pending with another rescue: yes no

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

REFERENCES

Reference #1:

Name: _____ Phone: _____

Relationship: _____ how long have you known this person: _____

Best time to contact: Days Evenings

Reference #2:

Name: _____ Phone: _____

Relationship: _____ how long have you known this person: _____

Best time to contact: Days Evenings

VETERANIAN INFORMATION

Vet/Clinic Name: _____ Phone: _____

****Please contact Vet to let them know we will be contacting them****

List common health problems associated with the Great Dane Breed: _____

What do you think owning a Great Dane would cost on an annual basis: _____

FAMILY

Names and Ages of all Adults in the household: _____

Do you have children living in the household: yes no

If yes list names, ages, and sex: _____

Do you have children come visit the household: yes no

If yes list names, ages, and sex: _____

I feel you should know this about me and my family: _____

PETS

Do you have other pets: ___ yes ___ no

Pet #1 : ___ Dog ___ Cat ___ Other* Length of ownership: _____

Age: _____ Breed: _____ Sex: _____ Spayed/Neutered: _____

If Other, Species: _____

Pet #2 : ___ Dog ___ Cat ___ Other* Length of ownership: _____

Age: _____ Breed: _____ Sex: _____ Spayed/Neutered: _____

If Other, Species: _____

List any additional pets, length of ownership, species, age, breed, sex, spayed/neuter status:

Reasons for not spaying/neutering pet: _____

Have you ever had to surrender or re-home a pet? _____ Why? _____

Do you have any experience with a Great Dane: _____

Why do you want a Great Dane: _____

ENVIROMENT

Type of residence: ___ Home ___ Condo/Townhouse ___ Apartment

How many years at primary address: _____

Do you ___ Rent ___ Own

If own is there an HOA: ___ yes ___ no Do they allow Great Danes: ___ yes ___ no

If renting does the management allow pets: ___ yes ___ no

If lease agreement allows pets please provide a copy of the lease agreement

Landlord/Rental/HOA Agents Name: _____ Phone #: _____

Do you have a pool: ___ yes ___ no Is the pool fenced in: ___ yes ___ no

Do you have a fenced yard: ___ yes ___ no

Height of fence: _____ Type of fence: _____

How will you handle exercise and toileting duties: _____

Will dog have access to yard while you are away: ___ yes ___ no

What type of activities do you plan to participate in with your dog:

___ Hiking ___ Daycare/Play group ___ Obedience/Agility ___ Walks

___ Snuggle ___ Sporting Activities* *Type of Sporting Activity: _____

Other: _____

Will someone be home during the day: ___ yes ___ no

Where will the dog stay when no one is home: _____

How many hours a day will dog be left alone: _____

Where will dog be kept most of the time: _____

Where will dog sleep at night: _____

Is someone home at night: ___ yes ___ no

When are you available for a home check: _____

DANE SPECIFICS

Please keep in mind that we have no control over the ages/colors/specifics of our rescue Danes. The more specific you are, the harder it may be to place a dog with you. Please remember that older dogs need a good home too and can provide years of unconditional love.

Preferences

Male Female Either

I would consider a Dane Mix: yes no

I would consider a Special Needs Dane: yes no

Color

Black Black w/White Merle Merle w/White Fawn Harlequin
 Blue White Brindle Any

Ears Cropped Not Cropped Either

Age

Any Age Senior Adult Young Adult Adolescent Puppy

*Senior- Age 8 years +. As a general rule, the seniors we have available for adoption have been well-cared-for, are housetrained and have good house manners. All our seniors have a thorough physical examination, and we will be happy to discuss any health issues (such as a need for medication or supplements) or management (for example, a Dane that needs assistance to get into an SUV.) We do have a reduced adoption donation for our very special Senior Danes

*Adult- Age 3 through 7. Generally more settled dogs with many life skills in place. Level of obedience varies from Dane to Dane, as do behavioral quirks.

*Young Adult- 18 months to 36 months. Almost all Danes in this age group will absolutely require group obedience lessons to establish a healthy bond between owner and dog as well as teaching the dog acceptable behaviors, and allows the dog to develop better social skills.

*Adolescents- 6 months to 18 months old. Although somewhat of a handful, these delightful young Danes are at a prime age to begin training for a "job" such as therapy work, competitive obedience, agility, or assistance work.

*Puppy- under 6 months. Note we rarely will get puppies into rescue

LIABILITY RELEASE AND WAIVER

PLEASE NOTE: Your application cannot be processed without acceptance of this waiver.

I/we have voluntarily contacted Dane Haven and have expressed an interest in adopting a dog in the care and custody of Dane Haven. In consideration of Dane Haven's agreement to allow me to view and/or interact with such dogs, I hereby, for myself, my heirs and my personal representatives, represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of Dane Haven voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to, serious bodily injury and/or death.

2. I hereby waive, release, discharge, hold harmless, and promise to indemnify and not to bring suit Dane Haven, its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

LIABILITY RELEASE AND WAIVER FORM

Yes, I accept this waiver and release Dane Haven from all liability

No I do not want to continue with this application

MEDICAL RELEASE FORM

By submitting this form, I hereby authorize the Doctor of Veterinary Medicine, named above, to disclose and/or release to Dane Haven, it's agents, successors or assigns, either verbally or in writing, complete information concerning his or her medical findings, treatments and records about any animals for which I have sought care and/or treatment from the so named Doctor of Veterinary Medicine. (**Please contact your vet to let them know we will be calling. They may require your permission before speaking with us. **)

____ I certify that the above information is true and correct

Print Name: _____

Signature: _____

Date: _____



