

MIT LIEBE

GERMAN SHEPHERD DOG RESCUE



**We only adopt to those who will love the dog as much,
or if possible, more than we do.**

Instructions: Please read this Application, fill in the blanks, sign it, and mail it to us at: Mit Liebe German Shepherd Dog Rescue, LTD, PO Box 176, Suamico, WI 54173 The information you provide in this Application and during our interview will help us find a good match for you.

Name: _____ Spouse/Partner/Roommate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Occupation: _____ Hours: _____

Age: Over 21? 0 Yes 0 No

Please list three personal references and their relationship to you:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

Your Veterinarian: _____ Address: _____

Phone: _____

Please describe the kind of dog you are interested in adopting:

Age: _____ Sex: _____ Reason for sex preference? _____

Breed/mix: _____ Size: _____ Coloring: _____

Temperament: _____ Will it be a working dog? _____

Why do you want a dog? _____

Can you commit to care for the dog for its whole life? _____

Why do you like the breed/mix you are interested in? _____

Have you owned this breed/mix before? _____

Sterilization: If the dog you want to adopt is not yet sterilized, you agree it must be sterilized either before or shortly after you adopt it.

Please provide the following information about your pets (if any), your children (if any), and your home:

Your Dogs:

How many dogs do you have? _____ Breed/mix _____ Ages: _____

If none, have you owned any dogs in the last 10 years? _____

What happened to them?

Were any bought from a breeder? _____ From a store? _____

Adopted from a shelter? _____ inherited? _____

Found stray? _____ Other? _____

Do your dogs have any physical problems? _____ Any behavior problems? _____

Any dominance problems? _____ Do they get along with other dogs? _____

Your children:

Do you have children? _____ Number _____ Ages _____

Have they had dogs? _____ Was it successful? _____

Your cats:

How many cats do you have? _____ Ages? _____ Any behavior problems? _____

Do they get along with dogs? _____ Are they declawed? _____

Other pets:

Describe _____

Your home:

Number of adults? _____ Do you own or rent? _____ If you rent, do you have written permission from your landlord to have a dog? _____

Land lord name _____ Landlord telephone _____

Is it an 0 apartment, 0 duplex, 0 townhouse, 0 single house, 0 mobile home, 0 other?

Yard size? _____ Is it fenced? _____ Height? _____

Any community restrictions on dogs? _____

How will your new dog spend its days? (Circle everything which applies)

Indoors Crated Basement Garage Porch Locked in a room

Fenced yard Loose unfenced Tied outside Dog house Kennel Run

How will your new dog spend its nights? (Circle everything which applies)

Indoors Your bedroom Kitchen Crated Basement Garage

Porch Locked in room Fenced yard Loose unfenced Tied outside

Dog house Kennel Run

Home visit: You agree to allow us to visit your home by appointment as part of our application process.

Application information: All of the information I/we provided in this application is true and correct. If any of the information changes, I/we will advise you promptly.

Date Signature

Volunteer Spouse/Partner/Roommate Signature