

Age: Gender: Live/Visit: How often:

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Does anyone in your household have allergies to animals?

Do you own or rent your home?

If you rent, please provide us with your Landlord/leasing company manager's phone number:

List all names, types, ages, genders and indicate if spayed or neutered for all animals in household:

Name: Type: Breed: Age: Gender: Spay/Neutered:

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If there are no animals currently in the home than please describe your last dog and what happened to it.

A representative from the rescue program will be contacting your veterinarian for a reference. Please call your veterinarian prior to our call to give permission for us to inquire about your past or current pet's medical history.

Veterinarian:

Phone:

Address:

City, State, Zip:

How did you learn about HMDD? If from the Internet, which website?

Have you ever owned a Doberman before?

If yes, tell us a little about the one you had or have.

If not, why did you choose this breed?

Do you have a gender preference: **YES / NO** Do you have a color preference: **YES / NO**

Desired age range:

Would you be willing to consider a suitable dog of a different:

Gender? **YES / NO** Color? **YES / NO** Age? **YES / NO**

Would you be willing to adopt a dog with uncropped ears? **YES / NO**

Would you be willing to adopt a dog with an undocked tail? **YES / NO**

List your plans/goals for this dog (Pet/Companion, Protection, Obedience Work, etc.):

Do you have a fenced yard or area for the dog? **YES / NO**

If yes, please list the type, height and square footage of fenced area for dog.

If no, what arrangements will you have for the dog's exercise and elimination requirements?

Where will the dog spend the day?

Where will the dog spend the night?

In the event of a serious illness/injury or death and you were no longer able to keep the dog, is there a family member/friend who would be willing to assume responsibility for its care? If so, please provide name and telephone number.

Would you be willing to let a representative of the rescue program visit your home by appointment?
YES / NO

Do you understand and accept that all rescue dogs have to be spayed or neutered and that if you receive a dog that, for whatever reason, is not altered, that arrangements must be made with HMDD Rescue to have the dog spayed or neutered as soon as possible? **YES / NO**

Do you understand and accept that as a requirement of the terms of adoption that all rescue dogs will need to attend obedience training within 2 months of adoption and that you have read or will review the Joys Of Training prior to the adoption procedure? **YES / NO**

Hand Me Down Dobs, Inc., reserves the right to follow up on the adoption in order to protect the welfare of the placed dog. If the terms and conditions of this agreement are not upheld by the adopter or if any misrepresentations have been made, Hand Me Down Dobs, Inc. reserves the right to terminate this agreement and the adopter must return the dog to the rescue program.

RELEASE OF LIABILITY

I understand that neither Hand Me Down Dobs, Inc., nor any of its representatives, is responsible for the accuracy of the information received about the temperament, habits, or physical condition of the dog available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. I am in full agreement with the terms of adoption. In redeeming a dog from the program, I accept full and complete responsibility for that actions of the dog in the event of an injury or death to myself or others and to indemnify and hold harmless Hand Me Down Dobs, Inc., including its representatives, agents, and board members for any such personal injury, death, or damage caused by such dog now or in the future.

Applicant Signature:

Date:
