

**North Mississippi Great Dane Rescue
Adoption Application**

Phone: 901) 461-5997

Email: nmsgdr@hotmail.com

Please remember adoption is a privilege and an honor, and North Mississippi Great Dane Rescue reserves the right to deny any adoption application.

Date: _____

Name: _____

Spouse/Partner Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____

Cell Phone: _____ 2nd Cell Phone: _____

Work Phone: _____ Email: _____

DL#: _____ DL State: _____

Best time to contact? _____

How did you hear about us? _____

Do you rent or own? _____

If you rent, what is your landlords name? _____

If you rent, what is your landlord's phone number? _____

Have they given you permission to bring a Great Dane into the residence?

Why do you want to own a Great Dane? _____

How long have you been considering getting a Great Dane? _____

How long have you been researching the breed? _____

Have you ever owned a Great Dane? _____ Which dog are you interested in? _____

OR

What would be your preference be in a Great Dane? Color: _____ Age: _____

Gender: _____ Ears: _____ Tail: _____

Some rescues have pre-existing health conditions/problems that may require further care by the adoptee (allergies, hip dysplasia, cataracts, heartworms, etc.). Would you be willing to adopt a dog that has any of these issues?

YES or NO

If yes, which ones? _____

What about Great Danes appeals to you? Protection Friendship Hunter Child's Friend
Appearance Agility Service Easy Coat Care
Obedient Quiet Companion Loves to Play
Quick Learner Friendly

What about Great Danes doesn't appeal to you? Drooling Odor Jumping Chewing
Shedding Barking Digging Jumping on furniture Counter Surfer

Are there any aspects of your home that a puppy or large dog could affect (white carpet, antiques, etc.)?

Do you consider yourself/family to be active in such a way that it would include a Great Dane? _____

What type of pets do you currently have?

Pet Names					
Type					
Breed					
Gender					
Spay/Neuter					
Time Owned					

Where do your current pets sleep? _____

Where do your current pets spend their day? _____

What flea, tick, and heartworm preventative are your current pets on? _____

What type will you use with your Great Dane? _____

Are your current pets UTD on shots? YES or NO

Have you ever surrendered an animal? YES or NO

If yes, please explain: _____

Please list all animals you have owned in the past 10 years: _____

Do you still have these pets? If no, please explain: _____

Have you ever euthanized an animal? YES or NO If yes, please explain: _____

If you currently have a dog, does it get along with other dogs? YES or NO

Would you like to bring your current dog to meet the Great Dane your interested in? YES or NO

Have you ever bred any dogs? YES or NO

Have you ever attended an obedience training class with a dog? YES or NO

Are you willing to attend obedience training classes with a dog? YES or NO

Are you willing to attend our Great Dane education class? YES or NO

What food will you feed? _____

How will you feed your Great Dane? _____

Where will you feed your Great Dane? _____

Do you currently own any cats? YES or NO

If yes, Are they used to dogs? YES or NO

Veterinarian Information:

Clinic: _____ DVM: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Phone #: _____

Personal References: (Do not list family members)

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Closest Relative Name: _____

Relation: _____ Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Closest Relative Name: _____

Relation: _____ Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Home Environment:

Approx. acreage: _____ Fence type: _____

Fence height: _____ Completely enclosed? YES or NO

Is fence attached to the house/apt? YES or NO

What type of shade is available in your yard/enclosure? _____

How many hours a day will the dog be outside? 1-3 4-6 7-10 more than 10

How many hours a day will the dog be left alone? 1-3 4-6 7-10 more than 10

Where will the dog stay when it's alone? _____

If the dog is left alone for 6+ hours how will you arrange for the dog to relieve itself? (many dogs cannot hold it for long periods of time): _____

Where will your Great Dane spend most of his/her time? _____

Where will your Great Dane sleep? _____

Is there anyone home during the day? YES or NO

Number of adults in the home? _____ Number of children in the home? _____

Who will be the primary care giver of this Great Dane? _____

Ages of children? _____

Have your children been taught how to interact with a dog? YES or NO

How much responsibility will be given to your child in the care and management of your dog? _____

How much supervision would be given when the children are with the Great Dane? _____

Will any other children be in contact with the Great Dane? YES or NO

Any asthma or allergies in household to dogs or cats? YES or NO

Please describe neighbors that the Great Dane will be involved with.

Do they like dogs? YES or NO

Do they have dogs or cats? YES or NO If yes, list types: _____

Do they have children? YES or NO

Any problems with neighbors currently? YES or NO

If yes, please explain: _____

Have you ever been contacted by or had problems with Animal Control? YES or NO

If yes, please explain: _____

Do you own/have you used a dog crate? YES or NO

Are you willing to purchase and use a dog crate if necessary? YES or NO

What do you do with your pets when you go on vacation? _____

Are you aware that boarding is more expensive for a Great Dane? YES or NO

Name any special activities your Great Dane will be involved in: _____

Places you would take your Great Dane: _____

Would your Great Dane wear a collar and tags? YES or NO

Would you have your Great Dane on a leash every time you were away from your home with him/her?

YES or NO

Where will your Great Dane sleep? _____

If the Great Dane displays unwanted behavior (aggression, house breaking issues, barking, destructive behavior, separation anxiety, not getting along with another pet, etc.) would you be willing to seek help from a professional trainer? YES or NO

Are you financially secure enough to responsibly care for a dog's care including basic annual vet exam, monthly flea, tick, and heartworm preventative, unforeseen health problems, trainers, and healthy food?

Standard care for one Great Dane per year is \$1420. **EXCLUDING** any illness, or unforeseen emergency. Food: \$60 per month HW/Flea/Tick Preventative: \$50 per month Annual Shots: \$100 per year. These numbers do **NOT** include a bed which on average about \$100, collar/leash on average about \$30, treats on average about \$8 a bag, and toys which on average are about \$15 per toy. Are you willing and able to provide **ALL** of these things for the Great Dane which you are applying?

YES or NO

IF YOU ARE UNABLE OR UNWILING TO PROVIDE ALL OF THE PREVIOUS THINGS LISTED FOR YOUR GREAT DANE, THERE IS NO NEED TO FINISH THIS APPLICATION.

Are you aware of GDV/Bloat? YES or NO

Are you aware of the symptoms of GDV/Bloat? List: _____

Are you aware of ways to prevent GDV/Bloat? _____

When Great Danes have accidents, they are BIG ones. Are you able to deal with this?

Most dogs chew when young or when bored. Are you prepared to buy large chew toys, bones, etc.?

YES or NO

Are you prepared to provide stimulation and supervision to prevent your house from being destroyed by a young or bored dog?

YES or NO

Some dogs are lively and curious in the house. Do you think an active dog in the house would annoy you or any one in your household?

YES or NO

How would you encourage, or reinforce your dog's appropriate behavior? _____

How would you prevent, manage, or discourage your dog's inappropriate behavior? _____

Do you have any further comments why you want to adopt? _____

Do you agree to allow a North Mississippi Great Dane Rescue representative come to your home to do a home inspection?

YES or NO

If yes, when is the best time(s)? _____

Do you agree to allow a North Mississippi Great Dane Rescue representative come to your home to do a follow up visit to insure the health and happiness of the Great Dane placed?

YES or NO

Do you understand and agree that the follow up visit to your home will be done in a 2 hour window with 8 hours notice of that window?

YES or NO

Also if these follow up visits are canceled more then 2 times, it may result in different placement of the Great Dane?

YES or NO

NMSGDR USE ONLY:	
Date Application Submitted: _____	Date Application Approved: _____
Date Spayed/Neutered: _____	Heartworm Test Result: _____
Obedience Class Recommended: YES or NO	Heartworm Test Date: _____
Last Date of Shots: _____	
Date of Great Dane Education Class: _____	

APPLICANT : Please make sure you have your DL available for us to make a copy.
If you rent, please include a letter of permission from your landlord.

**** We want you and your Great Dane to have a long, happy, and healthy relationship, and should you ever have any questions or concerns, please contact us. Please stay in contact with us, as we will maintain contact with you. ****

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE THE BEST OF MY KNOWLEDGE. IF NORTH MISSISSIPPI GREAT DANE RESCUE FINDS OTHERWISE, I AM AWARE MY APPLICATION WILL BE IMMEDIATELY DISCARDED, AND OTHER RESCUES WILL BE ALERTED OF THIS INCIDENT.

Applicant(s) Signature

Date