



**GOLDEN BEGINNINGS GOLDEN RETRIEVER RESCUE
ADOPTION APPLICATION**

Name of Applicant/Dog's Primary Caregiver: _____

Spouse/Parent/Co-Applicant (circle one) Name: _____

Address: _____

City, State, Zip _____

What area of town/State are you in? _____

Daytime Phone: () _____ Best time to contact: _____

Evening Phone: () _____ Best time to contact: _____

Cell/Mobile phone: () _____ Pager: () _____

Email: _____ Fax #: () _____

Applicant place of employment: _____ Phone: () _____

Co-Applicant place of employment: _____ Phone: () _____

How did you hear about Golden Beginnings? _____

Why do you want to adopt a Golden Retriever?

- | | |
|-------------------------|-----------------------------|
| _____ Companion | _____ Gift |
| _____ Guard Dog | _____ Personal Protection |
| _____ Child's Companion | _____ Other, explain: _____ |

Please explain in detail your idea of the Golden who would fit best into your home, the reasons you want a Golden, and what is your idea of the perfect Golden for your family? _____

Do you live in a:

- | | |
|----------------------|---------------|
| _____ House | _____ Trailer |
| _____ Townhome/Condo | _____ Other |
| _____ Apartment | |

Own or Rent? (circle one)

Do you have the landlords permission to have a dog over 50 lbs? YES / NO

Landlord's name/ address/ phone: _____

Do you have a fenced in yard? YES / NO Type of Fence: _____
Height of Fence: _____

Where will the Golden be kept during the day? _____

Where will the Godlen be kept during the night? _____

How many adults in the home? _____ Ages? _____

How many children in the home? _____ Ages? _____

List step-children, grandchildren, others and their ages, that visit regularly on week-ends or vacations:

Are you aware that a Golden Retriever is a large dog and may jump up and knock down children and the elderly? YES / NO

Is there anyone at home who may be adversely affected by a Golden? (allergies, etc.) YES / NO

Do all family members want a Golden? YES / NO

Who will be responsible for the care of this Golden? _____

Is there anyone home during the day? YES / NO

How many hours a day will the Golden be left alone? _____

We require that all Golden adopted from us be spayed or neutered. Do you have any questions about this policy? YES / NO If so, please explain: _____

Who will care for this Golden while you are on vacation? _____

If you move, what will you do with this Golden? _____

Are you willing to take responsibility for this Golden for 10 years or more of its life? YES / NO

Are you aware of the costs involved to take care of a Golden each year? YES / NO
(grooming, licensing, food, vet care, treats, toys, obedience, training - \$600 to \$800 per year)

Have you ever participated in obedience training with a dog? YES / NO

Would you plan to take part in obedience training with a Golden you adopt from us? YES / NO

Please list the pets you've had in the past 5 years. Include the type of pet, age, whether spayed/neutered, and where it is now: _____

If you have had a pet die due to age, illness, euthanasia, accident - please give details:

Have any of your pets ever been treated for heartworms? YES / NO

Have all your dogs been on heartworm preventative? YES / NO

List type of preventative, how often given and if not on preventative - why: _____

Are you familiar with the use of a dog crate to train and/or confine a dog in your absence? YES / NO

Will your Golden have run of the house? YES / NO

Will your Golden be allowed on the furniture or bed? YES / NO

Are you aware that Golden Retrievers are active and that they shed ALL year long? YES / NO

Will your Golden be blocked off from certain areas of the house? YES / NO

Will your Golden be tied outside? YES / NO

Will your Golden live in the yard? YES / NO

If you do not have adequate fencing (a totally enclosed secure fenced yard), how will you exercise the Golden? Who will supervise outdoor activities? (This includes all the time the Golden is outdoors).

Will you groom the Golden yourself or use a groomer or both?

Please give the names and phone numbers of two (2) references:

Please give the name and phone number of the veterinarian you plan to use:

Have you used this veterinarian in the past? YES / NO

Do we have permission to check your vet and personal references? YES / NO

In the event you are unable to care for this Golden in the future, who will accept responsibility for its care for the balance of its life?

Will rescue be notified? YES / NO

Rescued Golden Retriever Information:

Preferred sex: _____ Male _____ Female _____ No Preference

Preferred age: _____ Puppy _____ Older Adult _____ Senior

_____ Young adult _____ No Preference

Would you consider a Golden younger or older than your preference? YES / NO

Would you consider a Golden with special needs? (i.e., blind, deaf, hip dysplasia, etc.?) YES / NO

Would you consider a senior Golden? YES / NO

Do you have any special needs or wants?

Please feel free to add any other information that you think might be helpful to us in evaluation of your application. (Attach extra sheet if necessary). _____

GBGRR is an all volunteer organization dependent on volunteers to help meet the many needs of abused and neglected Golden Retrievers that enter our Rescue Program. Most of our volunteer opportunities require only a couple of hours per month of your time. Please indicate if you are interested in becoming a volunteer and receiving additional information.

Applicant's Signature / Date

Co/Applicant's Signature / Date

PLEASE RETURN THIS APPLICATION TO:

P. O. Box 19848, Houston, TX 77224-9848

We thank you for taking the time to complete our application and for your interest in our Rescue. We will respond to your application as soon as possible. Please remember that our organization is staffed totally by volunteers!