



Fureverhomes Doberman Rescue, Inc. (FDR)

P.O. Box 298, Bath, PA 18014

Phone and Text: (484) 929-5052 • Fax: (484) 281-3428

Email: FureverhomesDobermanRescue@outlook.com

Facebook: <https://www.facebook.com/FureverhomesDobermanRescue>

ADOPTION APPLICATION

Application Instructions:

Be sure to complete the application in its entirety, incomplete applications are rejected. When submitting an application, we also require photos and/or video of your home, including the yard and the rooms in the home the dog will have access to. This will help give us a sense of what environment one of our dogs will be living in, and help us match every dog to the appropriate home.

When you have completed the application, you may email it back to FDR at FureverhomesDobermanRescue@outlook.com, fax it to (484) 281-3428 or mail it to the address above.

PERSONAL INFORMATION

Primary Applicant

Full Name:	_____	Email:	_____
Street Address	_____	City, State, Zip:	_____
Home Phone:	_____	Cell Phone:	_____
Age:	_____		
Employer:	_____		
Occupation:	_____	Employer Phone:	_____
Work Days:	_____	Work Hours:	_____
Drivers License #:	_____	Drivers License State:	_____

Secondary Applicant

Full Name:	_____	Email:	_____
Street Address	_____	City, State, Zip:	_____
Home Phone:	_____	Cell Phone:	_____
Age:	_____		
Employer:	_____		
Occupation:	_____	Employer Phone:	_____
Work Days:	_____	Work Hours:	_____
Drivers License #:	_____	Drivers License State:	_____

Is everyone in your home agreeable to adopting a Doberman? Yes No

CHILDREN

1. Do you have any children? Yes No 2. If so, how many? _____
3. List children's names and ages: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
4. Do you have anyone other than your children and spouse that live in the home with you? Yes No
5. If yes, please list: Name: _____ Age: _____ Relation: _____
Name: _____ Age: _____ Relation: _____
Name: _____ Age: _____ Relation: _____
Name: _____ Age: _____ Relation: _____
6. Will there be any other children that will spend a lot of time around this dog? Yes No
7. List children's names and ages: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
8. Have you ever been charged with child abuse? Yes No

PETS

9. Do you have any dogs? Yes No 19. If so, how many? _____
11. List dog information below:
- | Name | Breed | Age | Spayed/
Neutered | Describe their Personality |
|-------|-------|-------|---------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
12. Are your dogs on HW preventative? Yes No 13. Up to date on vaccinations? Yes No
14. What brand food do you feed your dogs? _____ Do you free feed? Yes No
15. Anything additional we should know about your current dogs? _____

16. Do you have any cats? Yes No 17. If so how many? _____
18. List cat information below:
- | Name | Age | Sex | Spayed/
Neutered | Describe their Personality |
|-------|-------|-------|---------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

19. Anything additional we should know about your cats? _____

20. Do you own any other animals (other animals include horses, livestock, birds, etc?) Yes No

21. If so, how many? _____ Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

Name: _____ Species: _____

22. When you are out of town, how are your animals cared for? _____

23. Name of current Veterinarian: _____

Street Address: _____ City, State, Zip: _____

Phone Number: _____ Name on account: _____

24. Do you give us permission to call your vet to obtain a reference?* Yes No

*Please notify your vet after submitting your application that we will be calling them for a vet reference.

25. Who is the closest Emergency vet? _____

PAST DOGS

26. Please provide us with a history of your last 4 dogs:

Name	Breed	Age	Spayed/ Neutered	Reason for Passing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. Have you ever surrendered a pet to a Humane Society Animal Control Rescue None

If so, please explain: _____

28. Have you ever given away or sold a dog? _____

29. Have you ever been charged with animal cruelty? _____

HOME INFORMATION

30. Do you live in a: House Apartment Mobile Home Condo Townhouse
31. Do you own or rent? Own Rent
32. Landlord or Property Managements Name: _____
Phone Number: _____ Email Address: _____
33. Have you confirmed with the property manager/landlord that they allow Dobermans? * Yes No
*A letter of approval from your landlord or Property Manager is required to process your application
34. If you lease your home, is a pet deposit required? Yes No Amount: _____
35. Are you a member of an HOA? Yes No HOA Phone Number: _____
36. Have you confirmed with the HOA that they allow Dobermans?: Yes No
37. How long have you lived at your current address? _____ At your previous address? _____
38. Do you have a fence? Yes No Fence Height: _____ Material: _____
37. Is your property completely fenced on all sides? Yes No
39. Is your fence attached to the house? Yes No
40. If you have no fence, how will the dog potty and exercise? _____
41. Do you have a dog run? Yes No Do you have a doggy door? Yes No
42. Is there shade outside? Yes No

LIVING SITUATION

43. Is there someone home during the day? Yes No At night? Yes No
44. How many hours will the dog be alone each day? _____
45. Where will the dog stay during the day? Inside Outside Both
If Both, please elaborate _____
46. Where will the dog stay at night? _____
47. Where will the dog sleep? _____
48. What would happen to your Doberman if you were forced to move? _____
49. What arrangements will you make for your Doberman when you are out of town for vacation, work, etc?

YOUR FUTURE DOBERMAN

50. Have you ever owned a Doberman before? Yes No

51. Have you done any breed research? Yes No

If so, what did you learn: _____

52. Why do you want a Doberman? _____

53. Is there a specific Doberman you are interested in? _____

54. Anything additional we should know about your current dogs? _____

55. Are you looking for: Family Pet Yes No Watch Dog Yes No Guard Dog Yes No
Breeding Dog Yes No Dog for work Yes No Hunting Dog Yes No

56. Color Preference: Red/Rust Black/Rust Blue/Tan Fawn/Tan Albino No Preference

57. Ears: Cropped Natural No Preference 58. Tail: Docked Natural No Preference

59. Special Needs: Yes No Possibly

60. Personality: _____

61. Age: Under 1 year 1-3 years 4-7 years 7+ years

62. Do you plan to spay/neuter: Yes No Undecided

63. Do you plan to crop the ears: Yes No Undecided

64. Do you plan to take your Doberman to Obedience/Training Classes: Yes No Undecided

If no, how do you plan to train and socialize your Doberman: _____

65. Do you plan to crate train your Doberman: Yes No Undecided

66. When do you plan to use a crate? _____

67. What sort of activities do you plan to do with your Doberman? (Examples include hiking, running, agility, etc.)

68. What behaviors would you find unacceptable in your Doberman, and how would you remedy them:

69. What would you expect to spend per year on your Doberman: _____

GENERAL QUESTIONS

70. How did you hear about us? _____
71. Have you ever adopted from another rescue? Yes No
If so, who: _____
72. What could cause you to surrender your Doberman: _____
73. Do you understand that these dogs are obtained from shelters and situations where often times, their past, medical background and behavioral background are unknown? Yes No
74. If a behavioral issue surfaces, will you take the dog to see a behaviorist? Yes No
75. Will you seek immediate medical attention when needed? Yes No
76. All our Dobermans are in foster homes, not all may be in Pennsylvania. How do you intend to get the dog?

REFERENCES

Please provide 2 personal (non-related), references in addition to your veterinarian given above. Make sure you let them know to expect a call or email from us.

77. Name: _____ Relation: _____
Phone: _____ Email: _____
78. Name: _____ Relation: _____
Phone: _____ Email: _____

ADOPTION APPLICATION CHECKLIST

NOTE: The items below are required to process your application. Please make sure that all requirements are submitted so there is no delay in processing your application.

79. Did you include photos of your home? (outside front and back and all rooms) Yes No
80. If you rent, did you get written permission from your landlord to include with your application? Yes No
81. Did you completely fill out the application? Yes No
82. Have you contacted your vet and references to let them know we will be contacting them? Yes No

