



# ADOPTION APPLICATION

P.O. Box 733, Centreville, Virginia 20122 • 703-435-2840 • info@vgsr.org • www.vgsr.org

Thank you for your interest in our rescue dogs. We would appreciate your accurately answering the following questions so that we can determine the right GSD for your family. All information you provide to us is confidential. When completed please turn in to one of our volunteers or mail to the address above.

Date: \_\_\_\_\_

Application Fee: \$20.00 (Non-Refundable)  
Previous VGSR Adopters: No Fee Required

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #s:(be sure to include area codes) Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_

Emails: \_\_\_\_\_ Best time to call: \_\_\_\_\_

If you are married, living with someone or have a roommate, please provide their name and contact information. Please enter N/A if you are single.

\_\_\_\_\_

Have you owned in the last 3 years or currently own a German Shepherd or any other breed of dog?  Yes  No

If yes, please specify breed & give a brief history: \_\_\_\_\_

\_\_\_\_\_

What other pets are in your household who will be in contact with the dog you adopt [once you are approved]? (Type/sex/age for each)

\_\_\_\_\_

\_\_\_\_\_

Is every dog/cat spayed or neutered?  Yes  No If no, please explain why. \_\_\_\_\_

\_\_\_\_\_

Will you give your VGSR dog Heartworm Preventative? \_\_\_\_\_

Please, list all veterinarians, including mobile clinics, Names, Addresses and Phone Numbers, that have provided care for your previous [in the last 3 years] and current pet[s].

**By providing this information, you are authorizing a veterinary reference check by a VGSR representative.**

Vet's Name/Phone/City & State:

\_\_\_\_\_

\_\_\_\_\_

Why do you want to get a German Shepherd? Please include your activities / energy level, e.g. hiking, running, agility, etc.

\_\_\_\_\_

\_\_\_\_\_

What do you foresee as normal dog problems? \_\_\_\_\_

\_\_\_\_\_

Have you dealt with behavioral issues with other pets\*? \*(Housebreaking, chewing, separation anxiety, etc.)

\_\_\_\_\_

How will you encourage/reinforce appropriate behavior? \_\_\_\_\_

\_\_\_\_\_

How will you prevent/manage inappropriate behavior? \_\_\_\_\_  
\_\_\_\_\_

Have you ever completed a formal canine obedience course? \_\_\_\_\_

Will you take your VGSR dog to obedience training, if needed? \_\_\_\_\_

What type of home do you live in? \_\_\_\_\_

Do you:  Own  Rent\*

Do your covenants/regulations have any restrictions **AGAINST** large breeds and/or GSDs?  Yes  No

Landlord's Name & Phone #: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

What will happen to this dog if you move? \_\_\_\_\_

How many dogs are you permitted to have based on local city/county zoning ordinances? \_\_\_\_\_

Is your back yard fully fenced? \_\_\_\_\_

Describe height and type of fencing. {If above answer is 'No', please enter N/A} \_\_\_\_\_

Do you have a fully enclosed area [part of back yard fully fenced, kennel, dog run]? \_\_\_\_\_

Describe height and type of fencing. {If above answer is 'No', please enter N/A} \_\_\_\_\_

If not fenced, how will you handle exercise and toilet duties? \_\_\_\_\_

Approximately how many hours a day will your dog be alone? \_\_\_\_\_

Where will your dog spend the time when you are home? (e.g. open home, crated, fenced yard, kennel)  
\_\_\_\_\_

Will your dog be left outside unattended? \_\_\_\_\_

Where will your dog spend the time when you are not home? (e.g. open home, crated, fenced yard, kennel)  
\_\_\_\_\_

Where will your dog spend his nights? (e.g. open home, crated, fenced yard, kennel)  
\_\_\_\_\_

Who will be the primary caregiver for this pet? \_\_\_\_\_

Has the primary caregiver ever had the responsibility of a dog before?  Yes  No

If there is more than one person involved with your home situation, have you thoroughly discussed what this adoption will entail in the terms of time, energy, financial expenses (e.g. routine/emergency medical care, food, supplies, etc.), effort and affections?

Yes  No

Is EVERYONE willing?  Yes  No

Do you have children that will be in contact with this dog  Yes; Ages: \_\_\_\_\_  No

Please list the name, phone number and relationship of three personal references (NOT FAMILY, local numbers please):

Personal Reference #1 (NAME/PHONE/RELATIONSHIP/BEST TIME TO CALL):

\_\_\_\_\_

Personal Reference #2 (NAME/PHONE/RELATIONSHIP/BEST TIME TO CALL):

\_\_\_\_\_

Personal Reference #3 (NAME/PHONE/RELATIONSHIP/BEST TIME TO CALL):

\_\_\_\_\_

Please add any comments, suggestions you may have in the following space. Thank you.

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How did you hear about us? \_\_\_\_\_

Would you be willing to let a representative of VGSR visit your home by appointment?  Yes  No

Would you like to receive emails concerning VGSR events?  Yes  No

Name of dog(s) you are interested in: \_\_\_\_\_

*Providing this information does not guarantee adoption of any specific or requested dog. The foster of each dog will make the final decision to determine if a prospective home would be the best placement for their foster dog.*

I/We have read and carefully answered each question on this Adoption Application and have provided truthful answers. I/We understand that VGSR will rely on the answers I/we have provided in going forward with the adoption process and, in the event that VGSR learns that false information has been given, I/we may be denied the right to adopt a dog and/or any dog placed in our care by VGSR and may be required to be returned to VGSR and all fees paid by us to VGSR will be forfeited.

I hereby certify that I have never been convicted of animal cruelty, neglect, or abandonment (all parties must sign):

Applicant's signature: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_