

# Doberman Rescue of Nevada

www.drnv.org  
702-672-7204



## ADOPTION APPLICATION

**Doberman Rescue of Nevada (DRNV)** is dedicated to finding the very best homes for our rescued Dobermans. To meet this goal, we carefully screen all applications. We check all veterinarian, landlord and personal references.

If you are serious about adopting a Doberman Pinscher, please complete the application **IN FULL**.

**Questions left blank will only slow the adoption procedure.**

**We will not adopt to homes with pets that are not spayed/neutered unless there is an acceptable explanation.**

Thank you for your interest, understanding and support.

To apply online, click on the box in the upper right corner where it says "highlight fields."

This will illuminate the response boxes. Use the tab key to move through the questions.

Please **CHECK** or **FILL IN** the appropriate choices throughout the application.

### THE BASICS

Today's Date

Name

Address

City

State

ZIP

Email

Home Phone

Cell Phone

Driver's Lic State/No.

### ABOUT YOU AND YOUR HOME

Occupation

Employer

Address

Work Phone

Are You

Married

Living with Partner

Single

Living with Roommates

Age

Under 21

21-40

+40-60

60+

How Many Adults in Your Household

Ages, Gender of Children in Your Household

Residence

House

Townhouse

Condo

Apartment

Mobile Home

Own or Rent

Own

Rent

If rent, do you have the landlord's permission to keep a Doberman? Yes No

How long at this address?

If less than two years, previous address

Landlord name

Address

Phone

If you moved where dogs are not allowed, what would you do with the dog?

Previous Doberman ownership Yes No Does entire family want a Doberman? Yes No

Why do you want a Doberman?

If your lifestyle changes (e.g., getting married/divorced, having children), will your dog still be part of the adjustment? Yes No

## ABOUT YOU AND YOUR HOME CONTINUED

To which rescues and how many times each have you applied for a dog in the last year?

### PLEASE LIST ALL ANIMALS OWNED DURING THE PAST 5 YEARS (LIVING AND DECEASED)

#### CURRENT

ANIMAL NO. 1

NO. 2

NO. 3

NO. 4

NAME, BREED

SEX, AGE

SPAYED/NEUTERED

WHERE HOUSED/SLEEP

#### PREVIOUSLY OWNED

ANIMAL A

ANIMAL B

ANIMAL C

ANIMAL D

NAME, BREED

SEX, AGE

SPAYED/NEUTERED

WHERE ARE THEY NOW

(e.g., ran away, lost, hit by car;  
if put to sleep/died, why/how;  
if given away, why and to whom)

## VETERINARIAN INFORMATION

Do you have a regular vet?

Yes

No

Clinic name

Address

City

State

ZIP

Email

Phone

Vets who treated previously owned pets

## DOG FACILITIES

Describe backyard (e.g., size, type of fence and height, landscaping)

If backyard not fenced, how will you handle dog's potty needs?

Do you have a suitable dog crate?

Yes

No

Where will Doberman live?

Home

Garage

Basement

Outdoors

If outdoors, how?

Fenced yard

Kennel

Crate

Tied out

Where will Doberman sleep?

Dog bed in bedroom

In my bed with me

In crate in bedroom

On couch

Anywhere in house he wants

In garage

Doghouse outside

Outdoors

Other

What activities do you plan with your dog?

Pet

Obedience

Agility

Guard

Hunting

Other

If other, please explain

Hours per day Doberman left alone?

Where will Doberman be housed during the day when you are not home?

Who will be responsible for Doberman's care?

## DOG FACILITIES CONTINUED

With what visitors/family (human or animal) who come to your home will dog have to interact?

Describe lifestyle                      Active                      Passive  
Will dog be crate-trained?            Yes                      No  
Will you attend dog obedience classes?    Yes    No    If No, why not? \_\_\_\_\_

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Are you prepared for chewing, digging, scratching, housetraining and/or mischievous behavior?    Yes    No  
How will you reprimand your dog?

How will you handle the time it takes for your dog to adjust to its new home and family?

What behavior would cause you to return the dog to Doberman Rescue of Nevada?

Do you have time, patience, love and physical ability to exercise a large dog?    Yes    No

Are you prepared for the close personal attention this breed requires?    Yes    No

Are you willing to commit to owning a Doberman for the next 10-12 years?    Yes    No

What is your age preference?

What is your gender preference?    Male    Female

What is your color preference?    Black/Rust    Red/Rust    Fawn/Rust    Blue/Rust    White

Will you consider a Doberman with natural ears?    Yes    No    With natural tail?    Yes    No

I would be willing to consider a suitable dog of a different    Age    Gender    Color

## FOR DOBERMAN RESCUE OF NEVADA

The name(s) of the dog(s) for which I am applying

How did you hear about or find DRNV?    Internet Search    DRNV Web site    AdoptaPet    Petfinder  
Previous Adopter    Volunteer    Friend/Family    Event  
Club    Other \_\_\_\_\_

### FAMILY REFERENCE

Name  
Address  
City                      State                      ZIP  
Phone  
Relationship

### NON-FAMILY REFERENCE

Name  
Address  
City                      State                      ZIP  
Phone  
Relationship

**THE INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL**

**I certify that all the information provided is complete and correct to the best of my knowledge.  
I also agree to allow Doberman Rescue of Nevada to contact my vet and obtain my pet's vet records.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If applying online, please type your name as your signature*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If applying online, please type your name as your signature*

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*Doberman Rescue of Nevada is the sole owner of the information collected on this site/form.*

*We do not sell, share or rent this information to others in ways different from what is disclosed in this agreement.*

*Doberman Rescue of Nevada does not collect any personal information whatsoever.*

*If you choose to share personal information via some form of correspondence, such information will not be sold, shared or rented to others.*