

Doberman Rescue of Nevada

www.drnv.org
702-672-7204



FOSTER CARE 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		
Previous Doberman ownership	Yes	No	Does entire family want a Doberman?	Yes	No
Why do you want a Doberman?					
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?
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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?
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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 not, why not? _____

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

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
Phone
Relationship
ZIP

NON-FAMILY REFERENCE

Name
Address
City
State
Phone
Relationship
ZIP

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

Revised 09/04/2011

*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.*