

## Long Island Golden Retriever Rescue, Inc. Adoption Application

Age	Donation
under 6 years	\$350.00
6 years to under 10 years	\$250.00
10 years and over	At the discretion of the LIGRR Rescue Committee

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

Co-Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

1. Why do you want to adopt this animal?

- Companion
- Gift
- Guard Dog
- Personal Protection
- Child's Companion
- Other \_\_\_\_\_

2. Do you live in:

- House
- Townhouse
- Apartment
- Duplex
- Trailer
- Other \_\_\_\_\_

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3. Own or rent? (circle one) If renting, Please provide  
landlord's name: \_\_\_\_\_

4. Do you have a fenced in yard? \_\_\_\_\_  
Type of fence: \_\_\_\_\_  
Height: \_\_\_\_\_

***We strongly recommend that our adopters have a fenced yard to assure the safety of the dog.***

5. If you do not have adequate fencing, how will your dog be exercised?  
Who will supervise these outdoor activities?  
(This includes all the time your dog is outdoors.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Where will the pet be kept during the day? \_\_\_\_\_  
Night? \_\_\_\_\_

7. How many adults in the home? \_\_\_\_\_ Ages: \_\_\_\_\_

8. How many children in the home? \_\_\_\_\_ Ages: \_\_\_\_\_

9. Is there anyone home during the day? \_\_\_\_\_

10. How many hours will you be gone during the day? \_\_\_\_\_  
Where will the dog be kept? \_\_\_\_\_

11. Occupation of head of household: \_\_\_\_\_

12. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Does anyone have allergies in the household? Yes / No

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14. Would you object to an authorized volunteer of LIGRR Inc. inspecting your home? Yes / No

15. Who will be responsible for the care of this dog? \_\_\_\_\_

16. Will this caregiver be able to devote a minimum of one hour during the course of the day to this dog with no distractions? Yes / No

17. What living arrangements will you be providing your dog?

Outdoors only      Indoors only      Both indoors & outdoors      Cable run

Dog house      Fenced in yard      Loose on property      Tied in yard

Other: \_\_\_\_\_

18. Where will your dog sleep at night? \_\_\_\_\_

19. Are you willing to crate train your dog? Y / N / Not necessary

20. Have you participated in obedience training with a dog? Y / N

Are you willing to participate in obedience training with a dog adopted from us?

Y / N / Not necessary

21. What method of obedience training do you use? \_\_\_\_\_

22. We require that all pets adopted from us be spayed or neutered.

Do you have any questions about this policy? \_\_\_\_\_

Explain: \_\_\_\_\_

23. Who will care for this pet when you are on vacation? \_\_\_\_\_

24. If you move, what will you do with this pet? \_\_\_\_\_

25. Are you willing to take responsibility for this pet for 10 years or more? \_\_\_\_

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26. How much do you think that it will cost to take care of this pet each year?  
(vet care, food, grooming, licensing): \_\_\_\_\_

27. Please list the pets you have owned in the last 5 years and any pets you currently own:

Type	Sex	Age	Spayed / Neutered	Where is it now?

28. If you have had a pet die at an early age or due to an accident, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Please give the names and phone numbers of 2 references:  
\_\_\_\_\_  
\_\_\_\_\_

30. Please give the name and phone number of the veterinarian you plan to use: \_\_\_\_\_  
Have you used this Veterinarian in the past? \_\_\_\_\_

31. If, for any reason, you must move from your current residence, are you willing and able to provide additional security deposits that may be necessary to secure new housing with your dog? Yes / No  
If NO, what will you do with this dog? \_\_\_\_\_

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32. If you become ill, disabled or deceased, who will care for this dog?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Will rescue be notified? Yes / No

33. Have you applied to any other rescue organizations? Y / N

If so, which ones? \_\_\_\_\_

\_\_\_\_\_

Have you been approved by them? Y / N

**LIGRR reserves the right to refuse any adoption application.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested Golden Retriever Information:** Please Circle

Sex?      Male only      Female only      No Preference

Quiet                      Energetic                      Playful

Good with dogs      Good with cats                      Good with children under 5 years old

What age range are you considering:

Minimum age? \_\_\_\_\_

Maximum age? \_\_\_\_\_

Would you consider a dog with special circumstances (i.e. medical)? Yes / No

Do you have any special needs or wants? \_\_\_\_\_

\_\_\_\_\_

Comments or questions? \_\_\_\_\_

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**PRINT OUT AND RETURN THIS APPLICATION TO:**

**FAX:**

516-932-0017

Note: Please call us when you send a fax so we can look for it.

**Postal address:**

Long Island Golden Retriever Rescue, Inc.

P.O. Box 566

Plainview, New York 11803-0566

**Info:**

516-578-3803