

Long Island Golden Retriever Rescue, Inc. Adoption Application

Age	Donation
under 6 years	\$400.00
6 years and over	\$350.00

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 _____

3. Own or rent? (circle one) If renting, Please provide

landlord's name: _____

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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

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? _____

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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
Dog Door		In-ground Pool	

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? ____

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

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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? _____

32. If you become ill, disabled or deceased, who will care for this dog?
 Name: _____ Phone #: _____
 Will rescue be notified? Yes / No

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

If so, which ones? _____

Have you been approved by them? Y / N

Where did you hear about LIGRR? _____

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

The adoption process consists of the application, the phone interview and a home visit. We have very limited resources for home visits that are out of state or too far upstate. We do make an effort to do them but often the wait is quite long and there are times when we are unable to do them. Please apply to your local rescue, as they might be able to assist you better.

As a matter of policy to protect the privacy of people involved in all phases of adoption, LIGRR volunteers do not give out personal phone numbers or email addresses. If you are contacted by someone from a personal email or phone, please call LIGRR at 516-578-3803 or email us at ligrr@yahoo.com to verify they are actually working on our behalf.