To begin the adoption process, please complete the adoption application and return it to Forever Friends Great Dane Rescue by using the upload button or via email: [foreverfriendsgdri@gmail.com](mailto:foreverfriendsgdri@gmail.com). Please use the donate button found at [www.foreverfriendsgdri.com](http://www.foreverfriendsgdri.com) to submit the $25 application processing fee via credit card or PayPal. Application fees can also be mailed to: P.O. Box 20125, Indianapolis, IN 46220.

**Applications will not be processed until the application and the application fee have both been received.**

Please notify your personal references that we will be calling. And, please contact you veterinarian's office to give permission for them to release your pets' medical information to our rescue representative when they call. This all ensures that the application process moves along quickly and smoothly.

Processing time can take up to 2 weeks. Repeated phone calls and emails about the status of your application will only delay the processing time.

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| **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | | | State: | |  | | | | | | ZIP: | | |  |
| Home #: | | | |  | | | | | | | | | | | | | | | | | Cell #: | | |  | | | | | |
| Email: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | |  | | | | | | | | | | | | | | | | | Work #: | | |  | | | | |
| Occupation: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Co-Applicant’s Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Cell #: | | |  | | | | | | | | | | | | Email: | | | |  | | | | | | | | | | |
| Employer: | | | | |  | | | | | | | | | | | | | | | | | Work #: | | |  | | | | |
| Occupation: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **HOUSEHOLD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do children live in the home full or part time? | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| If yes, how many? | | | | | | | | | | | | | | | |  | | | | | |
| Please list the name(s) and age(s) of each child living in the home full or part time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Name of Child: | | | | | | |  | | | | | | | | | | | | | | | | | Age: | |  | | |
| Please list any other children that regularly visit (grandchildren, nieces, kids you babysit, etc.), their ages and how often they visit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you rent or own your home: | | | | | | | | | | | Rent  Own | | | | | | | | | | | | | | | | | |
| How long have you lived at the current address? | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Type of property: | | | | | | | | House  Condominium/Town House  Apartment  Duplex  Mobile Home/Trailer | | | | | | | | | | | | | | | | | | |
| Are you aware of any restrictions from your landlord or subdivision pertaining to animals living in your home, such as the following? (please check all that apply)  Number of pets  Size or weight restrictions  Breed restrictions  None  Other – please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you belong to a homeowner’s association and if so, are you aware of any bylaws, policies or regulations that relate to owning a pet? If so, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your back yard completely fenced in? | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | |
| What is the height of the fence? | | | | | | | | | | | | 3 ft.  4 ft.  5 ft.  6 ft.  Other | | | | | | | | | | | | | | | | | |
| Please describe the material and style of your fence (ex: vinyl, shadowbox): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any of the following? | | | | | | | | | | | | Underground fence system  Outdoor kennel  Dog house  Dog run | | | | | | | | | | | | | | | | | |
| Do you have a pool? | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, is it: | | | | | | | In ground  Above ground  Covered | | | | | | | | | | | | | | | | | | | | | | |
| Is someone home during the day? | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Is someone home during the night | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| How long will the dog be left alone in the home and how often does this occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT PET INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any other dogs or cats that live in the household: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Name: |  | | | | | | Breed: |  | | |
| Sex: | Male  Female | | | | Spay or Neutered? | | | | Yes  No | |
| Number of years owned: | |  | | | | Current on vaccinations? | | | | Yes  No |
| Please describe the pet’s personality: | | | |  | | | | | | |
| Name: |  | | | | | | Breed: |  | | |
| Sex: | Male  Female | | | | Spay or Neutered? | | | | Yes  No | |
| Number of years owned: | |  | | | | Current on vaccinations? | | | | Yes  No |
| Please describe the pet’s personality: | | | |  | | | | | | |
| Name: |  | | | | | | Breed: |  | | |
| Sex: | Male  Female | | | | Spay or Neutered? | | | | Yes  No | |
| Number of years owned: | |  | | | | Current on vaccinations? | | | | Yes  No |
| Please describe the pet’s personality: | | | |  | | | | | | |
| Name: |  | | | | | | Breed: |  | | |
| Sex: | Male  Female | | | | Spay or Neutered? | | | | Yes  No | |
| Number of years owned: | |  | | | | Current on vaccinations? | | | | Yes  No |
| Please describe the pet’s personality: | | | |  | | | | | | |
| Please list any additional pets: | | |  | | | | | | | |
| Have any of your pets displayed aggression towards another animal? | | | | | | | | | Yes  No | |
| If yes, please describe the type of animal, situation, outcome, etc.: | | | | | | | | | | |

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| **ADOPTION INFORMATION** | | | |
| How long have you been actively seeing to acquire a new pet? | | Days  Months  Years |
| What is your reason for adopting: | Watchdog  Family pet  Child’s pet  Gift  Companion for other pet  Other | |

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| --- | --- | --- |
| Have you ever adopted with another organization? | Yes  No | |
| If yes, what is the name of the rescue organization: |  | |
| Have you ever had an application for adoption declined by an animal welfare facility or rescue organization? | | Yes  No |
| If yes, please describe the reason: | | |

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| --- | --- |
| Where will the dog you are adopting primarily live? | Inside  Outside  Inside/outside pet |
| Where will this dog be spending time? (check all that apply) | Fenced yard  Tied outside  Loose outside  Kennel/run  Patio/balcony  Inside home  Garage  Fenced property |

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| Do any of your current pets live mostly outside? | Yes  No |
| What activities do you plan to participate in with your dog: | |

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| Where will the dogs sleep at night? | In your bed  On a dog bed  In a crate  In the garage  Other – please explain: |

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| Are you prepared to care for a dog for up to 15 years? | Yes  No  Can’t be sure |

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| --- | --- |
| For which of the following reasons would you consider giving up your dog? (please check all that apply) | Moving  Divorce  Excessive barking  Fights with other pets  Kids no longer want the dog  Gets too large  Medical issues  Jumps the fence/runs off  New baby  Financial problems  Not housebroken/incontinence issues  Behavior issues/Destructive  Allergies  None |

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| --- | --- | --- | --- |
| What would you do with your dog if you had to move in with family, to an apartment, oversees, etc.? | | | |
| Have you ever relinquished or re-homed a pet? | | Yes  No | |
| If yes, please explain the circumstances surrounding the situation: | | | |
| Where did the pet end up? |  | | |
| Are you familiar with your local Animal Control laws? | | | Yes  No |

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| How often do you travel? | Once a year  2-4 times a year  5+ times a year |

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| --- | --- |
| What arrangements will be made for your dog when you are travelling: | |
| Please list the three things you believe are the most important aspects of owning a dog: | |
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| **EXPERIENCE/GENERAL INFORMATION** |

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| --- | --- | --- |
| Do you have experience with Great Danes? | Yes  No | |
| Have you ever owned a Great Dane? | Yes  No | |
| If yes, what happened to it? | | |
| Why do you want a Great Dane? | | |
| Where did the pet end up? | | |
| What kind of vehicle do you drive? | | |
| Can it transport a giant breed dog comfortably? | | Yes  No |
| Approximately how much does it cost to fee and maintain a Great Dane per year? | | |

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| **BEHAVIORAL/TRAINING INFORMATION** | | |
| How would you handle temperament or obedience problems that might arise? | Punish the dog  Seek professional advice from a trainer or veterinarian  Return the dog |
| Do you have experience with crate training? | Yes  No |

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| How do you feel about crate training? |

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| Do you understand that rescue pets often come from difficult backgrounds and may need an adjustment period in a new home? Are you willing to be patient and consider consulting with/hiring a trainer if an issue arises? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| Are you willing to take the time to house break a dog, and do you understand that changing a dog’s environment (his/her new home) may cause the dog to have accidents? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| Do you understand that puppies are a lot of work, require constant supervision, frequent bathroom breaks (even during the night), need to be taught to not jump on people, not to nip, and require exercise? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| Are you willing to potty train a dog? | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
| Are you prepared to properly socialize your dog with other people and dogs? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| Are you willing and able to take a dog to training class? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | |
| Obedience training is contractually required within 6 months of the adoption. Are you willing and able to fulfill this requirement? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all veterinary clinics, including emergency veterinary clinics, you have used for your pets routine and emergency care during the last 5 years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you give permission to contact these veterinarian clinics for a reference? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| **Current Veterinary Clinic** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic/Veterinarian’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | State: | | |  | | | | | | | ZIP: | | |  | |
| Clinic #: | | | |  | | | | | | | | | | | | | | | |
| Clinic or Veterinarian’s Email: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Veterinary/Emergency Clinic #2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic/Veterinarian’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Clinic #: | | | |  | | | | | | | | | | | | | | | |
| Reason for using or leaving this clinic: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Veterinary/Emergency Clinic #3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic/Veterinarian’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Clinic #: | | | |  | | | | | | | | | | | | | | | |
| Reason for using or leaving this clinic: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| How much money would you be willing or able to spend if your dog becomes ill or injured? | | | | | | | | | | | | | | Up to $500  $500 to $5000  Whatever it take to provide appropriate care | | | | | | | | | | | | | | | |
| Does any member of your family have allergies to animals? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| Are you willing and able to make a commitment to routine vet/health care every year, including monthly heart worm and flea preventative if you adopt a dog? | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
| Are you current animals treated with monthly flea preventative? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
| Are your current pets on monthly heart worm preventative? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  N/A | | | | | | |
| List your reason(s) for not spaying or neutering your pet(s) if you have not done so: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the past 5 years have any of your dogs passed away? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| If yes, please explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please describe the type of health issues that are common to Great Danes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is bloat? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the treatment for bloat? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Can you afford the medical costs if the dog becomes ill or requires emergency surgery? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| **HELP US FIND YOU A MATCH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you want a dog of a certain color, sex, age, etc.? | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | |
| If yes, please describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Would you consider a Great Dane mix? | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | |
| Would you consider a Great Dane with special needs? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| Please describe your ideal dog: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have an application pending with another rescue? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| What traits or characteristics are you sure you do NOT want in a dog? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about FFGDR? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list two personal references that: 1) don't live in the same home with you, 2) are not your veterinarian, and 3) do not work at or for the veterinary clinic listed above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference #1’s Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Reference’s #: | | | | | |  | | | | | | | | Reference’s Email: | | | | | | | | |  | | | | | | | |
| Reference’s relationship to you: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Reference #2’sName: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Reference’s #: | | | | | |  | | | | | | | | Reference’s Email: | | | | | | | | |  | | | | | | | |
| Reference’s relationship to you: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **AVAILABILITY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What days are you available for a home check? | | | | | | | | | | | | | | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday | | | | | | | | | | | | | | | |
| What time of day is best to contact you and/or to schedule a home check? | | | | | | | | | | | | | | Morning  Afternoon  Evening | | | | | | | | | | | | | | | |
| Will you be paying the $25 application processing fee by check or PayPal?  **NOTE:** applications will **not** be processed until the application fee is received. | | | | | | | | | | | | | | Check (mail to: P.O. Box 20125, Indianapolis, IN 46220)  PayPal (ID: foreverfriendsgdri@gmail.com) | | | | | | | | | | | | | | | |
| **RELEASES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Medical Release** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | By checking the medical release box and signing below, I certify that the information I am providing is true and correct. Additionally, I agree to call my veterinary clinic and give permission for the release of my pet's medical records to a representative of Forever Friends Great Dane Rescue, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Liability Release & Waiver** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | By checking the liability release and waiver box and signing below, I accept this waiver and release Forever Friends Great Dane Rescue, Inc. from any and all liability. I am certifying that all the answers I have given are the truth. I also understand that this information might be shared with another rescue group if they call Forever Friends Great Dane Rescue, Inc. to inquire about the listed applicant(s).  Should any part of this Agreement be rendered or declared invalid by a court of competent jurisdiction of the State of Illinois or the State of Indiana, such invalidation of such part or portion of this Agreement should not invalidate the remaining portions thereof, and they shall remain in full force and effect. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

REMINDER: Adoption applications will NOT be processed until the application fee is received.