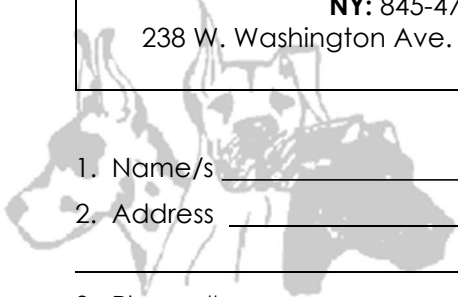


Mid-Atlantic Great Dane Rescue League  
**application to adopt      Today's date** \_\_\_\_\_

<b>PA/DE:</b> 484-578-9126 304 Hartz Road, Fleetwood, PA 19522	<b>Virginia:</b> 703-644-8009 PO Box 283, Garrisonville, VA 22463
<b>MD/DC:</b> 443-773-2639 PO Box 15246, Washington, DC 20003	New Jersey: 732-646-7029 54 E. Street, Port Reading, NJ 07064
<b>NY:</b> 845-475-8377 238 W. Washington Ave. Pearl River, NY 10965	<b>WV:</b> 304-579-5156 12161 Apple Harvest Dr., Martinsburg, WV 25403



1. Name/s \_\_\_\_\_ Email Address \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone # \_\_\_\_\_ Cell phone# \_\_\_\_\_
4. Why Do You Want A Great Dane? \_\_\_\_\_

5. **What Do You Think It Costs To annually bring your Dane to the Vet. And Feed Per Year? (PLEASE PUT IN A \$\$\$\$ DOLLAR AMOUNT).** \_\_\_\_\_

6. Do You Currently Own Any Pets?  Yes  No

Type/Breed	Gender	Age	Spayed/Neutered	Owned How Long?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

A. If Your Pets Are Not Spayed/Neutered, Why? \_\_\_\_\_

B. Are Your Pets Alone During The Day?  Yes  No

C. If Yes, For How Long On Average? \_\_\_\_\_ Maximum: \_\_\_\_\_

7. Have You Owned A Dog(s) Since you have been an Adult?  Yes  No

If So What Happened To It/Them? \_\_\_\_\_

8. How Many People Live In Your Household? \_\_\_\_\_

A. What Is Their Relationship To You? \_\_\_\_\_

B. If Children, What Are Their Ages & Sex? \_\_\_\_\_

9. Are any Family Members Home During The Day?  Yes  No

If Yes, Who? \_\_\_\_\_

If No, How Long Will Dog Be Alone During The Day? \_\_\_\_\_

10. Do You Own Or Rent Your Home? \_\_\_\_\_

A. How Long At Present Address? \_\_\_\_\_

B. If Less Than 2 Years, What Was Your Previous Address? \_\_\_\_\_

\_\_\_\_\_

C. If Renting Does Your Lease Allow Pets?  Yes  No

**\*\*\* A Copy Of Lease Agreement Pertaining To Pets MUST be Included \*\*\***

D. Is Your Yard Fenced?  Yes  No **\*\*Electronic fence not acceptable in most cases.**

1) Please Describe Fence-height & size of area \_\_\_\_\_

2) If No, How Would You Safely Confine The Dane When Time To Relieve Himself/Exercise? \_\_\_\_\_

**\*\*\*If no Fence, you must include ALL exception requirements documents. \*\*\***

**This includes Written Vet & Personal References & A Letter Stating Your Maintenance Plan For Safely Relieving & Exercising A Dog Without The Benefit Of Fencing.**

E. Are your indoor stairs carpeted, or covered with tread? \_\_\_\_\_

11. Where Will You Keep Dog During The Day? At Night? \_\_\_\_\_

\_\_\_\_\_

A. Where Will You Keep The Dog When Away Overnight Or On Vacation?

\_\_\_\_\_

\_\_\_\_\_

12. Do you plan on enrolling this pet in an obedience class \_\_\_YES \_\_\_NO

A. If you are advised obedience training is needed, are you willing to enroll this pet in obedience class?

\_\_\_\_\_ YES \_\_\_\_\_ NO

13. If you have dogs, are any of your current dogs crate trained \_\_\_\_\_YES NO\_\_\_\_\_

1) If yes: \_\_\_\_\_Only when not home \_\_\_\_\_Only at night

Other\_\_\_\_\_

14. What Is Your Occupation? \_\_\_\_\_

A. Name & Address Of Employer\_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_Work Hours: \_\_\_\_\_

B. How Long With This Firm?\_\_\_\_\_

C. If Less Than 1 Year Where Were You Previously Employed? \_\_\_\_\_

\_\_\_\_\_

D. Are Any Other Members Of Your Family Employed?  Yes  No

If So, Please Give Company Name, Address, Phone#, & Work Hours \_\_\_\_\_

\_\_\_\_\_

E. Do you currently run a business out of your home? If so what? \_\_\_\_\_

\_\_\_\_\_

15. Have You Or Anyone In Your Immediate Family Ever Been Convicted Of A Charge Of Or Related To Cruelty To Animals?  Yes  No

A. Is Any Such Charge Currently Pending?  Yes  No

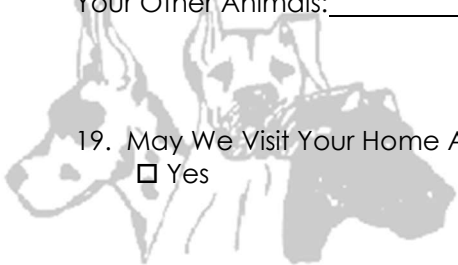
16. Have You Or Anyone In Your Immediate Family Ever Been In Contact with MAGDRL Concerning A Dane, Either Adoption Or Turn-In? \_\_\_\_\_ YES \_\_\_\_\_ NO

17. Would You Be Willing To Adopt A Dog With One Of The Following Handicaps?

- Physical                       Deaf                       Behavioral                       Old

18. Please Provide The Following Reference:

A. **Name, Address, & Phone Number** Of A Local Individual (**Not A Relative**) Who Knows/Has Known Your Other Animals: \_\_\_\_\_



19. May We Visit Your Home And Check Your References To Verify The Information You Have Provided?

- Yes                       No

20. Where Did You Learn About Magdrl? Website\_\_\_\_\_ Vet\_\_\_\_\_ Newspaper\_\_\_\_\_ TV Show\_\_\_\_\_ Flyer\_\_\_\_\_ Event\_\_\_\_\_ Previous adopter \_\_\_\_\_ MAGDRL Adopter \_\_\_\_\_ Other rescue \_\_\_\_\_

21. Are You Currently Working With Any Other Rescue Groups Or Shelters To Adopt A Dog?

- Yes     No

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**THE UNDERSIGNED ACKNOWLEDGES THAT THE ADOPTION PROCESS IS NOT COMPLETED UNTIL THE MAGDRL ADOPTION AGREEMENT IS FULLY EXECUTED.**

- Check Here If You Wish to receive an email notification that your application has been received and is being reviewed.
- Check here if You Wish a Copy of the Adoption Contract emailed to you for your review.

**I (we) hereby certify that the statements herein are true to the best of my/our knowledge and the adopters are of legal age to enter into a binding adoption contract (21 or older)**

Signature of Applicant \_\_\_\_\_

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

Suggested Application Donation Enclosed: (Tax Deductible)

- \$10             \$15             \$20             \$25             Other \_\_\_\_\_

(Use The Space Below Or Attach A Separate Sheet For Additional Info Or Comments)

**\*\* Adults over the age of 21 and residing in the residence needs to sign \*\***

**Print at the "X" and at the BOTTOM please Print and put your & Signature**

**LIABILITY RELEASE AND WAIVER FORM**

I, **X** \_\_\_\_\_, **X** \_\_\_\_\_, **X** \_\_\_\_\_,

**X** \_\_\_\_\_, have voluntarily contacted the Mid-Atlantic Great Dane Rescue League, Inc. ("MAGDRL") and have expressed an interest in adopting a dog in the care and custody of MAGDRL. In consideration of MAGDRL's agreement to allow me to view and/or interact with such dogs, I hereby, for my heirs, my personal representatives, and myself represent and warrant as follows:

1. I am fully aware of the risks that dogs pose and have elected to view and/or interact with one or more dogs in the care of MAGDRL voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to serious bodily injury and/or death.
2. I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO BRING SUIT AGAINST MAGDRL, its directors, officers, volunteers, staff, and all other agents, and attorneys for any of the referenced parties, and any other parties acting for, or on behalf of any of the referenced parties, from any and all rights and claims which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Witness Signature: (Doesn't need to be notarized): Signature:**

**Print:**

**Vet Records Release**

I hereby authorize my veterinarian to release to the Mid-Atlantic Great Dane Rescue League, Inc. information about my veterinary records of any and all animals I have owned.

## Vet Records Release

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## Adoption Application Information

Name

Address

Phone Number

Signature \_\_\_\_\_

## Veterinary Information (If you used more than one Vet. please list them.)

**(Please call your Vet(s) to let them know we will be calling.)**

Name

Address

Phone Number

Fax Number

Date of last visit: