



# *Shepherd Haven*

## **German Shepherd Rescue**

*Helping Lost Hearts find their Home....*

**kknipp@columbus.rr.com**

**www.shepherdhaven.org**

### **Adoption Application**

Today's date: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dog sex preference: Male \_\_\_\_\_ Female \_\_\_\_\_ no preference \_\_\_\_\_

Consider GSD mix? YES \_\_\_\_\_ NO \_\_\_\_\_

Shepherd color preference: \_\_\_\_\_

Dog age preference \_\_\_\_\_

Dog characteristics \_\_\_\_\_

Will you give obedience training? YES \_\_\_\_\_ NO \_\_\_\_\_

Current residence: Rent \_\_\_\_\_ Own \_\_\_\_\_

Fenced yard: YES \_\_\_\_\_ NO \_\_\_\_\_

Access to a fenced yard: YES \_\_\_\_\_ NO \_\_\_\_\_

Hours alone per day \_\_\_\_\_

Number of adults living in home \_\_\_\_\_

Number of children living in home \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Other pets living in home \_\_\_\_\_

Names and ages of pets \_\_\_\_\_

Other pets (dogs and cats) spayed or neutered? YES \_\_\_\_\_ NO \_\_\_\_\_

Owned a shepherd before? YES \_\_\_\_\_ NO \_\_\_\_\_

Shepherd dog history \_\_\_\_\_

---

Other pets owned in last 10 years \_\_\_\_\_

Do you have a vet? YES \_\_\_\_\_ NO \_\_\_\_\_ Please give name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Number of years with this vet \_\_\_\_\_

Medication/Vaccinations current? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you use Heartworm preventative? YES \_\_\_\_\_ NO \_\_\_\_\_

Your occupation \_\_\_\_\_

Employers name \_\_\_\_\_

Employers address \_\_\_\_\_

Employers phone \_\_\_\_\_

Length of time worked for this employer \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

Employers name \_\_\_\_\_

Employers address \_\_\_\_\_

Employers phone \_\_\_\_\_

Length of time worked for this employer \_\_\_\_\_

Please give 3 personal references that you've known for at least 2 years:

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long known \_\_\_\_\_

Are you willing to sign an adoption agreement? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature \_\_\_\_\_

Spouse signature \_\_\_\_\_

**\*\*\*Please return completed application to: Shepherd Haven**

P.O. Box 816

Grove City, Ohio 43123

OR submit form \_\_\_\_\_

If you are filling out online, save your application to your desktop before or after you send!!