



Ohio Great Dane  
Rescue

**Please select:**

Foster Application:   
 Adoption Application:   
 Date: \_\_\_\_\_

**Applicant Information**

*please print all answers*

Name:		Spouse (Other):	
Address:		County:	
City:		State:	
Zip:			
Home Phone:		Cell Phone:	
Work Phone:		Other Phone:	
Email:		Other Email:	
Place of Employment (Self):			
Place of Employment (Other):			
Date of Birth (Self):		Date of Birth (Other):	
References (Please provide 3 personal references with phone numbers. State your relationship and how long you have known them. You may list one relative. NO WORK NUMBERS or people living in your home)			
Name:	Relation:	Phone Number:	Years Known:
1.			
2.			
3.			
Please give directions to your home from the nearest major highway.			

THANK YOU for your interest in our dogs. We would appreciate your answers to the following questions so that we can best select the right dog for you. All information is treated as confidential. Submission of this application does not guarantee that you will receive a dog.

**Veterinarian Information**

*please print all answers*

Please be sure to contact your veterinarian's office to release your records prior to submitting the application. Also if the name on the record is different than the name on the application, please give the name under which the records may be found.

Veterinarian		Veterinarian's Phone:	
Veterinarian Address:			
Veterinarian Name:	Phone Number:	Years with Vet:	
(do not list an Alternate Veterinarian unless you have used in the past)			
Alternate Veterinarian:		Alternate Phone:	

Alternate Address:		
If more than two vets on record, please list names and phone numbers:		
Veterinarian Name:	Phone Number:	Years with Vet:

### Household Information

*please print all answers*

Describe the dog you want; including breed:		
Why do you want this breed?		
Are members of the family home during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who?	What hours are they home?	
On an average day, how many hours will the dog be left alone?		
List all people living in the house including age and relationship:		
Name:	Relation:	Age
Do you employ anyone to come to your home on a regular basis (sitter, cleaner, etc.)? Who and why?		
Please describe your living arrangements (house, apartment, condo, parents, etc.):		
Do you: <input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> lease <input type="checkbox"/> land contract <input type="checkbox"/> other (please describe)		
If you do not own, does your rental agreement permit large pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you do not own, does your rental agreement have a pet limit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?	
Name of landlord:		Phone number:			
How long have you lived at your present address:					
If less than 5 years, provide previous address:					
Is your yard enclosed with a fence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Height of fence:	
Type of fence:		Size of fenced area:			
Does fenced area surround or attach to building where dog will be housed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the building where the dog will be housed have an exit directly into the fenced area?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Where will the dog be kept during the day?					
Where will the dog be kept during the night?					
Can you afford the medical costs if the dog becomes ill (medical costs for a giant breed are greater than that of a smaller dog)?					
Why do you want a dog?					
Have you ever owned a Great Dane?					
What happened to your previous Great Dane?					
Where did you acquire your last Great Dane?					
How long since you've owned a dog?					

Have any of your dogs been re-homed, lost, euthanized or dies in the past 5 years? Explain:				
What kind of vehicle do you drive?				
Can it comfortably hold a giant breed dog? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any other pets at this time (dogs, cats, birds guinea pigs, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List Pet Name(s):	Age(s):	Breed(s):	Sex(es):	Sterile:
1.			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not spayed/neutered, why?				
Are your pets current on vaccinations?				
Rabies	<input type="checkbox"/> Yes <input type="checkbox"/> No	DHLPP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heartworm prevention <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your pets licensed?				
List Pet Name(s):	License Number:			
1.				
2.				
3.				
4.				
5.				
Have you ever applied, or are you currently applying to adopt a dog or cat from another Rescue or Humane Society?				<input type="checkbox"/> Yes <input type="checkbox"/> No
What organization(s) and when?				
Results:				

## Great Dane Questionnaire

*please print all answers*

This is just a questionnaire, this does not determine eligibility for adoption, but assists us in education for a possible adoptive family.

1. Does anything prohibit a Great Dane from being housed outside?
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2. What is bloat or torsion?
3. What type of food should a giant breed adult dog be fed?
4. What type of food should a giant breed puppy be fed?
5. How many times a day should a giant breed dog be fed?
6. Do all dogs need to be on Heartworm preventative, or just dogs that live outside?
7. How many times a year should your dog be on Heartworm preventative?
8. A dog's medication dosage is determined how?
9. Does a Great Dane have any special requirements for daily living?
10. Once a dog or puppy leaves a "Kennel" situation, he/she no longer needs to be vaccinated.
11. How big does a Great Dane get?

12. How long is the average life span of a Great Dane?
13. At what age can you crop a Great Dane's ears?
14. How often does a Great Dane need to be groomed?
15. Does the law require a dog to be licensed?
16. How often should you give Rabies shots?
17. Does you country or state have leash laws?

Your signature authorizes Ohio Great Dane Meetup and Rescue to contact your referenced and verify all information provided to us on this application.

Please realize an inaccurate or incomplete application is reason for delay and refusal.

All adults of household must sign the completed application:

Signature:		Date:	
Signature:		Date:	

After receipt and approval of application, a home visit will be scheduled.

Please email the completed application both to [Nichole.monahan@yahoo.com](mailto:Nichole.monahan@yahoo.com) and to [Kkadel5@aol.com](mailto:Kkadel5@aol.com).

**Office Use Only:**

Dog Name:		Sex:	<input type="checkbox"/> F	<input type="checkbox"/> M	Age:		
Color:		Home Visit:		Approved:	<input type="checkbox"/>	Denied:	<input type="checkbox"/>
Attach Form:							
Results:							
Adoption Fee:		Paid Date:					
Reason:							