

Dobie Haven, Inc.
Adoption Application Form

Date: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

PHONE NUMBERS

Home: _____ Work: _____
Alternate: _____ Mobile: _____

Occupation: _____

Company Name & Address: _____

How long at present job? _____

How long at previous job? _____

How many children, their ages, or other people living in the home? _____

Have you ever given away or sold a dog? Yes / No (circle one)

If "Yes" what was the reason? _____

Have you ever surrendered a dog to a shelter? Yes / No

Have you ever surrendered a dog to Animal Control? Yes / No

Type of residence? (check one) House Apartment Mobile Other

Do you own or rent your home? _____

If you rent, please enter the name and phone number of your landlord.

How long at your present address? (Months/Years) _____

How long at your previous address? (Months/Years) _____

May we visit your home? Yes / No (circle one)

Do you have other animals at home? If so, what type, breed, ages, sex, and if they are spayed/neutered: _____

Where are the animals kept? _____

Are you aware of ongoing expenses associated with a pet? Yes / No

What are the necessary vaccinations for your pet? _____

How do you prevent heartworms in a dog? _____

How do you prevent fleas and ticks? _____

If you have a veterinarian now, what is his name? _____

If you have used other veterinarians, what were their names? _____

Do you have a fenced yard? Yes / No If "Yes" what type: _____

Fence Height: _____ ft Attached to your house? Yes / No

Is your fence secure enough to prevent your pet from climbing out, digging out, jumping out? Yes / No How large is your yard? _____

What food do you feed your current dog? _____

Are you willing to take the dog to obedience classes if necessary? Yes / No

How do you handle a destructive dog? _____

How do you handle a dog who digs? _____

How do you handle a dog who chews? _____

Where will the dog be housed during the day? _____ at night? _____

How long will the dog be left alone each day? _____

How much time can you spend playing with and training your dog each day? _____ hrs

Have you ever had a Doberman Pinscher? Yes / No If so, how long ago? _____ yrs

What happened to the dog? _____

Please explain why you want a Doberman Pinscher: _____

I hereby certify that the above information is true and correct to the best of my knowledge:

Signature: _____ Date: _____

Approved by: _____

Dobie Haven, Inc.

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