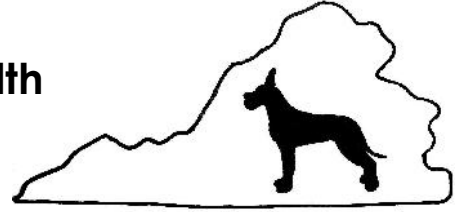


Great Dane Rescue Of the Commonwealth

www.gdroc.com



ADOPTION APPLICATION

Name: _____ Spouse: _____

Address: _____

Telephone#: (H) _____ (C) _____ (W) _____

E-mail address: _____

Would you be willing to adopt a Dane with special needs:

Older Deaf Blind Needs daily medication Needs training

Why do you want to adopt a Great Dane?

Do you have any other animals? Yes No If yes, please list them below:

NAME	TYPE	BREED	SPAYED/NEUTERED	AGE
			<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	

Name and phone number of your veterinarian:

Are your pets on heartworm preventative? Yes No If yes, what kind?

If any of your pets are not spayed or neutered, why?

Is there a particular Dane we have currently in our care that you are interested in?
Which one? _____

What happened to any previous pets you have owned?

Are you aware of the cost involved in owning a Great Dane? Yes No

Do you have a lifestyle that would allow you to properly care for a Great Dane? Yes No

Have you ever obedience trained a dog (through classes)? Yes No

Will you take your new Great Dane to obedience classes? Yes No

What other breeds have you been contemplating? _____

How many hours a day will the Great Dane be left alone? _____

Please list names and relation of anyone else residing in your home.
If any children, please list their age.

_____	_____
_____	_____
_____	_____

Have you or anyone in your immediate family ever been convicted or charged with cruelty to animals or child abuse? Yes No

Are you going to be moving in the near future? Yes No

What will you do with the Dane should you have to move?

What is your occupation?

Company name and telephone number:

How long have you worked for this employer?

What are your work hours?

Is anyone in your family home during the day? Yes No



How did you learn about Great Dane Rescue Of the Commonwealth?

Internet Friend Other _____

Signature of Applicant

_____ Date: _____

Return Application to:

Great Dane Rescue Of the Commonwealth
c/o Linda Ciely

5300 Hickory Ridge
Virginia Beach, VA 23455

*For quicker processing, you may submit this application via e-mail, however, please be aware that a signed copy must also be mailed to the above address. You may email to lynndaug@hotmail.com

LIABILITY RELEASE AND WAIVER FORM



I, _____, have voluntarily contacted the Great Dane Rescue Of the Commonwealth (GDROC) and have expressed interest in either adopting, fostering, or volunteering for GDROC. In consideration of GDROC's agreement to allow me to view and/or interact with Great Danes in their custody and care, 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 GDROC voluntarily. I knowingly assume all risks that exposure to dogs may pose, including but not limited to serious bodily injury and/or death, damage to personal property, and any harm to my own animals.

2) **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO BRING SUIT AGAINST GDROC**, its directors, officers, volunteers, staff, and all other agents and attorneys for 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 to me directly or indirectly in connection with, or arising out of, my exposure to such dogs.

Signed this _____ day of _____ 20_____

Witness

Signature

Signature

Signature