

Application to Adopt							
I would like to adopt a Golden Retriever or Retriever Blend							
How long are you willing to wait for a rescue dog from GRRMF? (Circle one) 6 mo – 1 year or over 1 year							
Have you adopted from GI	RRMF before?	Yes	No				
Contact Information							
First Name			Last Name			Age	
Occupation			Work Schedule				
Co-Applicant First Name			Co-App Last Name			Age	
Occupation			Work Schedule				
Relationship to Applicant							
Street Address							
City, State, Zip code							
Home Phone			Cell Phone				
Email Address							
Is anyone home during the	day?		Who?				
List other people who will be living with the dog (list ages of children): If children typically visit your home, please list age(s):							
			home (including co	ommuting tim	e)?		
On a typical day, how many hours are you away from home (including commuting time)? If you are gone from home too long for dog's potty needs, how will your dog's needs be met?							
Is the pet for a(n) (check al	l that apply): A	dult (Child Elderl	y person	_ Physically Cha	llenged _	
Will this be your first dog?	YesNo	Have y	ou ever owned a	Golden Retrie	ver before? Yes_	No_	
Home Environment							
Do you live in a: Single Fan	nily Home	Townhoเ	use Apartm	ent Dup	olexCond	do ob	
Do you own or rent your home? Own Rent If you rent, you must submit a letter from your landlord giving you authorization to have a large (60 – 85 pound) dog live in your home. We will not process your application until we receive this letter. We will close your application if not received within two weeks of receiving your application.							
Do you have a roomate(s)?							
Do you have a fenced in yard? Yes No If so, is it fenced on all side (fully enclosed)? Yes No If you have a fence, how high is your fence at its highest point? If you have a fence, how high is your fence at its lowest point?							
If you have a fence, please My fence has gaps My yard is partiall My fence goes acr My yard is on a un	s or holes in it y fenced by not oss my drivewa Ifenced lakefro	 t fully enclos ay nt, canal or l	ed	_			
If you have a fence, what ty	If you have a fence, what type is it? Chain link Wood Stockade Wire & Post Electric-Invisible Wrought iron Other type of fence						
If you selected Other type of fence, please describe:							

Is the fence capable of restraining a 60 – 85 pound large dog? Yes No						
If you don't have a fence, are you willing to install one? Yes No Please note: If you do not have a						
fenced yard, our policy is that, if approved you may only adopt a dog 5 years or older.						
Do you have a kennel or dog house in your backyard? Yes No						
If yes, when will your dog use it?						
Will you use a chain, tie out or cable runner to restrain your dog outside? Yes No						
If you answered yes above, please describe:						
Do you live on a lake, canal, or retention pond? Yes No						
If you answered Yes above, please describe:						
Do you have a pool? Yes No If so, does it have a screened enclosure or safety fence? Yes No						
If you have a pool, is your dog allowed in it? Yes No						
Do you have a doggie door? YesNo						
Describe the location of your doggie door:						
When will your dog have access to the doggie door:						
Living Conditions						
How will your dog access the backyard from your home:						
Regarding your dog's everyday living situation, would your dog: (Please check all that apply)						
Have full run of the home Be blocked from certain parts of the home Stay in backyard						
Live in a crate Be kept on the porch Be kept in the garage Live in kennel run/doghouse						
Please explain:						
Will your dog be allowed on (Please check all that apply): Furniture Bed						
Additional comments about allowing dog on furniture or bed:						
Where will the pet be kept during the day?						
Where will the pet be kept at night?						
Where will the dog be kept when you are away from home on a typical day?						
Where will the dog be kept when you travel or are away from home for extended periods of time?						
Physical Exercise						
How will you exercise your dog and how often?						
Will the dog be walked? Yes No How often? Off leash? or On Leash?						
Will the dog be allowed to run free off leash? Yes No						
If the dog will be allowed to run free off leash, please check under which situation(s) the dog would be allowed off leash: While playing in the front yard In the back yard In the neighborhood During walks						
While swimming At the beach At the golf course In local fields at the dog park						
If the dog will be allowed to run free off leash any other time, please describe:						
Who will be responsible for exercising the dog?						

Care of the Dog						
Will this be your first dog? Yes No If not, what breed(s) have you previously owned?						
Have you ever had a Golden Retriever before? Yes No						
Who will be primarily responsible for the care of the dog?						
List any other pets you currently have including type, breed if dog, age(s), and whether they are spayed or neutered:						
If you currently own or have owned a Golden Retriever, please indicate whether male or female and how much they weigh(ed):						
If you have a dog, what type of collar do they wear? Nylon Buckle StyleProng CollarLeather Buckle Chain collar My dog doesn't wear a collar Other (Please describe):						
Does your dog wear tags on their collar? YesNo If so what type?						
What brand of dog do you/did you feed your dog?						
How many times per day do you feed (or plan to feed) your dog?						
What is your monthly budget for dog food?						
Golden Retrievers are known to shed. Does dog hair bother you? Yes No						
Regarding grooming, will you: Groom the dog yourself Take the dog to a professional groomer						
Do you plan on shaving the dog or (if applicable) have you shaved your previous Golden Retriever? Yes No						
Is/was your dog on heartworm preventative? Yes NoNA If yes, how many months of the year?						
Do you use flea or tick preventative? If so, what brands:						
Have you investigated the cost of owning a dog & are you financially able to provide for the dog's needs? Yes No						
Do you plan on taking an obedience course with your new Golden Retriever? Yes No						
If No, why not?						
Have you ever bred a dog? Yes No Do you plan to breed dogs? Yes No						
How many hours (one way) are you willing to drive to view a dog?						
Have you ever sold, given away or put a dog in a shelter? Yes No If Yes, please tell us why:						
If your previous pet(s) have died due to illness or accident, please explain:						
Final Details						
Please give the name, address and phone number of your current veterinarian along with the pet's name(s) (GRRMF reserves the right to contact any parties listed on this application):						
We require a reference. References may not be co-applicants, spouses or partners and at least one must not be a family member						
Reference: NameRelationship:						
Address:Phone:						
Please choose the age range(s) of the dog you would consider (check all that apply):						
Puppy – 1 yr1 – 3 years 3 – 5 years 5– 9 years 9-11 years11 years and up Any age						
Do you prefer: Male Female Doesn't matter						
Would you consider adopting a Golden Retriever blend or other retriever? Yes No						

If you have any special requirements or preferences (so describe:	we can more carefully match a dog to your lifestyle) please
Would you consider a special needs dog such as one the condition? Yes No	at requires medication for a permanent, but controlled
If you have not had a dog in the past, why are you cons	idering one now?
Are you planning any lifestyle changes such as moving, animals to the household, or extensive travel in the nea	getting married, getting a divorce, having a baby, adding other ar future? If so please describe:
Have you sent in an application for adoption to any oth If Yes, which ones and when did you apply?	er rescue group besides GRRMF? Yes No
Please include a detailed essay (400 words or so) abou GRRMF. Give us as many details about your family an the life" of your new dog. This is a very important par that we can match a dog to your family and lifestyle. A cannot be processed.	d lifestyle as you can as well as a "typical day in
guidelines including and may not be limited to hand so distancing and I and my family must comply with the O face. GRRMF will exercise reasonable efforts to overc GRRMF will not be liable for any injuries, expenses, loo pandemic. I and my family agree, to the fullest extent officers, directors and employees (collectively, GRRMF attorneys' fees and defense costs. I will advise GRRMF	understand GRRMF volunteers will be following current CDC anitizer, wearing of protective mask and will practice physical CDC guidelines when meeting a GRRMF volunteer face-to-ome the challenges presented by current circumstances, but sses, or damages of any kind arising out of the COVID-19 permitted by law, to indemnify and hold harmless GRRMF, its against all damages, liabilities or costs, including reasonable by email or phone call if any family member is or has been ing and/or completing the face-to-face contact. YES NO
I acknowledge that I understand that submitting this a Golden Retriever from GRRMF, nor does it guarantee the right to reject any applicant.	
I acknowledge that all information contained in this for knowledge. I understand that any misrepresentation of dog from my home by GRRMF. Applicants must agree Yes No	of fact may result in the removal of an adopted
32733. I further understand that my application will be	
Applicant Signature	
Co-Applicant Signature	Date

Please fax this application to: **(888) 408-5520** or email to <u>info@grrmf.org</u> or mail to: **GRRMF, PO Box 1449, Goldenrod, FL 32733**

Please review our website at www.GRRMF.org for additional information about adopting a dog from GRRMF.

Thank you for your interest in Golden Retriever Rescue of Mid-Florida.