

TARTAN GORDON SETTER CLUB, Inc. RESCUE—ADOPTION APPLICATION

Many of our dogs come to us because they were mismatched with their former owner's personality, facilities, and/or lifestyle. The following information will help us to find the best dog for you and your family.

Applicant's Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Numbers:

Day: _____ (Circle One) Work/Home

Evening: _____ (Circle One) Work/Home

Mobile: _____

Email Address: _____

Alternate Email Address: _____

Occupation: _____

Have you ever owned a dog before? Yes No

Have you ever owned a Gordon Setter? Yes No

If yes, What has been your experience with the breed? _____

Why do you want a Gordon Setter? _____

Do you have preference to male or female? No Yes, Male Yes, Female

If you have a preference, why? _____

What age dog would you like? _____

Would you consider an older dog (over 5 years)? Yes No

If no, why? _____

What specific requirements do you have of a dog (i.e, good with children. good with other dogs/animals, good off leash, etc.). Please be as specific as possible. _____

Please list the other people in your household:

Name _____ Name _____

Relationship _____ Relationship _____

Age _____ Age _____

Gender _____ Gender _____

Home during day? _____ Home during day? _____

Are all family members aware of your interest in obtaining a dog and are they all in agreement on this idea? () Yes () No

What family member will have primary care of the dog? _____

Do you have any other animals? () Yes () No

If yes, please list them on the reverse side of this form.

Where will the adopted dog spend the day when you are home?

Check all that apply:

() In the house () In a fenced yard () In a kennel

() Tied outside () Loose outside () Chained outside

Where will the adopted dog spend the day when you are NOT home?

Check all that apply:

() In the house () In a dog crate () In the cellar () In the garage () Loose outside

() In a fenced yard () In a kennel () Tied outside () In a dog run

Where will the dog sleep at night? _____

How many hours per day will the dog be left alone on a regular basis? _____

Do you own your home? Yes No

If rented, does your lease allow pets? Yes No

Is your yard fenced? Yes No

If yes, how high is the fence and is the yard completely fenced on four sides? _____

How large is your property (in acres)? _____

Rural Suburban

Would you describe your neighborhood as: Urban Yes No

Do you understand that the adopted dog must be spayed/neutered, if not already done so?

Yes No

Do you understand that the dog must be returned to the TarTan Gordon Setter Rescue if you are unable to keep the dog?

Yes No

Do you understand that the TarTan Gordon Setter Club Rescue or the TarTan Gordon Setter Club, Inc. or any of its member officers are not responsible for any damages, costs or actions incurred as a result of this adoption or caused by the actions of an adopted dog?

Yes No

Veterinary Information:

Current Vet's Name and Phone Number: _____

Previous Vet's Name and Phone Number: _____

Do you understand and agree that the TarTan Gordon Setter Rescue may make routine follow-up calls and/or visits and may remove the adopted dog if any of the adoption contract terms are violated?

Yes No

Do you agree to an in-home visit by a member of the Rescue Committee prior to placement?

Yes No

Signature: _____

Date: _____