



GREAT DANE CLUB OF OXFORD, INC. (CT) RESCUE APPLICATION

Please complete, sign and return the application with a \$25 non refundable application fee to: Margaretann Foster, 60 Nichole Court, Cheshire, CT 06410

Rescue Representative

Margaretann Foster
60 Nichole Court
Cheshire, CT 06410
203-901-3867
Fire4959@cox.net

Rescue Representative

Tracy Powell
12 Petticoat Lane
Broad Brook CT 06016
860-254-5593
Dulcedanes@yahoo.com

Personal Information

- Name _____
- Address _____
- City, State, Zip _____
- Telephone (home) _____ (other) _____
- Email _____
- Number of people in Household 18 & older _____ #of kids 12-18 _____ 12 & younger _____
- Applicants Employer & address _____ phone _____
- Your age? _____ Position/title _____

Dog Preferences

*Please be advised this information will guide us in finding a Great Dane for you that will be a "Right Match" based on your personal situation, lifestyle and your home

Age: Puppy 0 to 2 yrs _____ Young Adult 2 yrs to 4 yrs _____ Adult 4-6 yrs _____ Senior 6yrs or older _____

Sex: Male _____ Female _____ Both _____ *Please be advised all rescued Danes are spayed or neutered prior to adoption.

Color: Blue _____ Black _____ Fawn _____ Brindle _____ Harlequin _____ Merle _____ Mantle _____ White _____

Will you consider any color? Yes _____ No _____

Would you consider all ages Yes _____ No _____

Would you consider a Dane older than 3 yrs? _____ Would you consider a Dane older than 6 yrs? _____

Use this space to describe any specific characteristics or attributes you either want or need in your rescued Great Dane. Please explain why.

PET HISTORY

TYPE	SEX	SPAYED/NEUTERED	AGE	DOES IT RESIDE W/YOU PRESENTLY
1. _____				
2. _____				
3. _____				

1. _____
2. _____
3. _____

* PLEASE ATTACH ANOTHER SHEET OF PAPER IF MORE ROOM IS NEEDED

House Hold Information and Dog Care

- Do you live in a: House_____ Townhouse_____ Apartment_____ Condo_____ Duplex_____
- Do you own_____ or rent_____ if so please provide name & contact info for landlord_____
- Do you have a fenced yard? Yes _____ No _____ What size & type of fencing?

- If you do not have a fenced yard, briefly explain how you will ensure safety when outdoors and proper exercise of dog?

- Who will be considered the primary caregiver of this dog? _____
- Where will this dog be kept during the day? _____ at night? _____
- Is there someone home during the day? _____ which days? _____
- How many hours each day will the dog be alone? _____
- Who will provide care for the pet when traveling _____
- Are you willing to take care for this dog for its lifetime? _____
- Have you ever owned a giant dog Breed before? _____
- Have you ever owned a Great Dane before? _____ if so how many _____
- Are you willing to provide routine medical care and or emergency care? _____
- Can you financially afford a giant dog, as vet bills, food, toys all cost more? _____ Are you on tight or fixed budget?
Yes_____ No_____ If so, how much? _____
- Please estimate your monthly expense you might incur for this dog? _____
- The GDCO~R requires all adoptive families to attend a minimum of one obedience class. Will you? _____
- If there is anything you feel we should know about your home or your lifestyle please explain: _____

PERSONAL REFERENCES (1 Vet, 2 personal)

1. _____
2. _____
3. _____

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APPLICANT ACKNOWLEDGEMENT

I acknowledge and understand that the information contained in this form is true and complete to the best of my knowledge. I understand that any misrepresentations of fact may result in the removal of the adopted dog from my home by the Great Dane Club of Oxford, Inc. (CT) ~ Rescue. I am aware of the Adoption Fee and will submit this fee upon signing a "Contract". I understand that all dogs should be returned to the GDCO~R, in the event I cannot keep the dog. I also understand the the GDCO~R has the right to refuse my application if they find either my home or my lifestyle unsuitable for a rescued Dane.

Applicant Signature (s) _____ DATE _____

Applicant Signature (s) _____ DATE _____

GDCO~R Signature (s) _____ DATE _____

APPROVED _____ REJECTED _____ DATE _____