

# Doberman Rescue of Nevada

**www.drnv.org**  
**702-672-7204**



## FOSTER CARE APPLICATION

**Doberman Rescue of Nevada (DRNV)** is dedicated to finding the very best homes for our rescued Dobermans. To meet this goal, we carefully screen all applications. We check all veterinarian, landlord and personal references.

If you are serious about adopting a Doberman Pinscher, please complete the application **IN FULL**.

**Questions left blank will only slow the adoption procedure.**

**We will not adopt to homes with pets that are not spayed/neutered unless there is an acceptable explanation.**

Thank you for your interest, understanding and support.

To apply online, click on the box in the upper right corner where it says "highlight fields."

This will illuminate the response boxes. Use the tab key to move through the questions.

Please **CHECK** or **FILL IN** the appropriate choices throughout the application.

### THE BASICS

Today's Date

Name

Address

City

State

ZIP

Email

Home Phone

Cell Phone

Driver's Lic State/No.

### ABOUT YOU AND YOUR HOME

Occupation

Employer

Address

Work Phone

Are You

Married

Living with Partner

Single

Living with Roommates

Age

Under 21

21-40

+40-60

60+

How Many Adults in Your Household

Ages, Gender of Children in Your Household

Residence

House

Townhouse

Condo

Apartment

Mobile Home

Own or Rent

Own

Rent

If rent, do you have the landlord's permission to keep a Doberman?

Yes

No

How long at this address?

If less than two years, previous address

Landlord name

Address

Phone

Previous Doberman ownership

Yes

No

Does entire family want to foster a Doberman?

Yes

No

Why do you want to foster a Doberman?

To which rescues and how many times each have you applied to foster a dog in the last year?

**PLEASE LIST ALL ANIMALS OWNED DURING THE PAST 5 YEARS (LIVING AND DECEASED)**

<b>CURRENT</b>	<b>ANIMAL NO. 1</b>	<b>NO. 2</b>	<b>NO. 3</b>	<b>NO. 4</b>
NAME, BREED				
SEX, AGE				
SPAYED/NEUTERED				
WHERE HOUSED/SLEEP				
<b>PREVIOUSLY OWNED</b>	<b>ANIMAL A</b>	<b>ANIMAL B</b>	<b>ANIMAL C</b>	<b>ANIMAL D</b>
NAME, BREED				
SEX, AGE				
SPAYED/NEUTERED				
WHERE ARE THEY NOW (e.g., ran away, lost, hit by car; if put to sleep/died, why/how; if given away, why and to whom)				

**VETERINARIAN INFORMATION**

**Do you have a regular vet?** Yes No

**Clinic name**

**Address**

**City** State ZIP

**Email** Phone

**Under what owner name/pet name is the pet listed**

**Vets who treated previously owned pets**

**DOG FACILITIES**

Reset line click on

**Describe backyard (e.g., size, type of fence and height, landscaping)**

**If backyard not fenced, how will you handle dog’s potty needs?**

**Do you have a suitable dog crate?** Yes No

**Where will Doberman live?** Home Garage Basement Outdoors

**If outdoors, how?** Kennel Crate Tied out Fenced yard

**Where will Doberman sleep?** Dog bed in bedroom In my bed with me In crate in bedroom On couch  
Anywhere in house he wants In garage Doghouse outside Outdoors Other \_\_\_\_\_

**What activities do you plan with your dog?** Pet Obedience Agility Guard Hunting Other

**If other, please explain**

**Hours per day Doberman left alone?**

**Where will Doberman be housed during the day when you are not home?**

**Who will be responsible for Doberman’s care?**

## DOG FACILITIES CONTINUED

With what visitors/family (human or animal) who come to your home will dog have to interact?

Describe lifestyle                      Active                      Passive

Will dog be crate-trained?        Yes                      No

Will you attend dog obedience classes?    Yes    No                      If not, why not?

Are you prepared for chewing, digging, scratching, housetraining and/or mischievous behavior?    Yes    No

How will you reprimand your dog?

How will you handle the time it takes for your dog to adjust to its new home and family?

What behavior would cause you to return the dog to Doberman Rescue of Nevada?

Do you have time, patience, love and physical ability to exercise a large dog?    Yes    No

Are you prepared for the close personal attention this breed requires?                      Yes    No

What is your gender preference?                      Male                      Female                      Either

Will you foster a Doberman of any age until adopted?                      Yes                      No

Will you foster a Doberman of any color until adopted?                      Yes                      No

Will you foster a Doberman w/natural ears until adopted?    Yes    No    W/natural tail until adopted?    Yes    No

If you answered no to any of the four questions immediately above, why not?

## FOR DOBERMAN RESCUE OF NEVADA

The name(s) of the dog(s) I would like to foster:

How did you hear about or find DRNV?    Internet Search    DRNV Web site    AdoptaPet    Petfinder  
Previous Adopter    Friend/Family    Volunteer    Event  
Club    Other \_\_\_\_\_

### FAMILY REFERENCE

Name

Address

City    State    ZIP

Phone

Relationship

### NON-FAMILY REFERENCE

Name

Address

City    State    ZIP

Phone

Relationship

**THE INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL**

**I certify that all the information provided is complete and correct to the best of my knowledge.  
I also agree to allow Doberman Rescue of Nevada to contact my vet and obtain my pet's vet records.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*If applying online, please type your name as your signature*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*If applying online, please type your name as your signature*

*Doberman Rescue of Nevada is the sole owner of the information collected on this site/form.  
We do not sell, share or rent this information to others in ways different from what is disclosed in this agreement.  
Doberman Rescue of Nevada does not collect any personal information whatsoever.  
If you choose to share personal information via some form of correspondence, such information will not be sold, shared or rented to others.*

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