

Central Illinois German Shepherd Dog Rescue

P.O. Box 17464; Urbana, IL 61803

Your answers on this questionnaire will help us to match your needs with the German Shepherd Dogs in our program. If we do not currently house a German Shepherd Dog that you would like to own, please notify us if you would like to remain on a waiting list for future puppies or adults.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE DAY _____ NIGHT _____

EMPLOYER _____ how long? _____

EMPLOYER _____ how long? _____

Please list two personal references:

Name _____ Phone _____

Name _____ Phone _____

Please list a veterinary reference: (If you have, or have had other animals)

Name _____ Phone _____

Clinic Address _____

Do you prefer a male dog, or a female dog?

Do you have a preference for the color of your German Shepherd Dog? Check all that apply.

Black/Tan	Sable
Black/Silver	Solid Black
Black/Red	Solid White
Black/Tan Saddle Back	No Preference

Do you have a preference for the age of you German Shepherd Dog? Check all that apply.

under a year	over 5 years
1-3 years	Senior Citizen* (7 years & up)
3-5 years	No preference

*those considering a senior citizen may qualify for medical care financial aid, please ask if interested

Who is this German Shepherd for?

Who will have primary responsibility for the dog's care?

Does anyone in your family have allergies to dogs? yes no

Have you considered the long term commitment of time and financial resources required for dog ownership?
yes no

Have you and your family discussed the pros and cons of owning a German Shepherd Dog?
yes no

Is everyone in your family enthusiastic about getting a German Shepherd Dog? yes no

Have you owned a German Shepherd or any dog before? yes no (If yes, provide a brief history)

What is it about a German Shepherd Dog that interests you?

What other breeds have you considered?

What are the most important characteristics that you would like to see in a German Shepherd?

- | | | |
|--------------|------------|-------------|
| Active | Calm | Playful |
| Intelligent | Loving | Protective |
| Dominant | Submissive | Independent |
| Other: _____ | | |

Note: Aggressive and severely problematic behavior animals are not put up for adoption, if they demonstrate any of these behaviors while in our care.

To facilitate the bonding process, obedience training is highly recommended. Would you like to have lessons with your new dog? yes no

How do you plan to discipline the dog?

Which of the following best describes your current residence?

- | | |
|---------------------|---|
| Own House | Rent Apartment |
| Rent/Lease House | Own/Lease Mobile Home |
| Own/Lease Townhouse | |
| Own Land: | |
| Mobile Home Park | Rural Farm In Town Other (explain) |

Note: If you rent or lease your residence, or live in a Park, proof of permission to have LARGE dogs will be required before adoption is finalized. Please provide photocopy of lease if possible.

Do you have a fenced yard? yes no
Type: _____ Height: _____ # of Gates: _____ Can children easily open the gates? yes no

If your yard is not fenced, do you have a secure dog run? yes no

What improvements, if necessary, will you make to secure your yard?

If you do not have access to a fenced area at your home, how do you plan to exercise your dog and allow your dog to eliminate?

Have you checked your yard for dangerous articles, plants, or anything the dog could use to climb and/or jump the fence (i.e.. Dog House, Picnic Table), or dig under the fence? yes no

If you have a pool, is it fenced? yes no

Do strangers (Meter Readers, etc.) require access to the area your dog will occupy? yes no

Do friends, relatives and children have access to your home, property and/or car without your supervision?
yes no

Are you willing to instruct your children and other people that visit your home on the proper handling and care of German Shepherd Dogs? yes no

Are there any distractions outside the yard that may disturb and/or upset your dog? (Neighbor's dog, loose dogs on the street, neighborhood children) yes no

Approximately how many hours each day will your dog be alone? (circle one)
3 hours or less 3 - 6 hours 6 - 12 hours 12 -18 hours longer than 18 hours

How long will your dog be confined when left alone at home?

Do you travel out of town? If so, how will the dog be cared for during your absence?

Are you gone often? _____ Would you consider taking the dog with you? _____

Will the dog be kept primarily indoors or outdoors?

Where will the dog sleep at night?

What other animals currently live in/at your home? (continue your list on the back of this sheet, if necessary)

Type of Pet	Sex/Age Fixed?	How long owned?	Kept where?

How many people live in your home? (continue your list on the back of this sheet, if necessary)

Name	Relation to you	Age (of children)

How did you hear about our organization?

- Veterinarian (Name): _____ Petsmart/Luv-a-pet Center
 Shelter (Name): _____ Flyer
 Newspaper (Name): _____ TV
 Friend Radio
 A previous adopter of a dog from our organization: _____

Signature: _____ Date: _____

(Type your signature if filling out an online form.)

Thank you for taking the time to complete this questionnaire. Your answers will permit us to more effectively match your needs with dogs in our program.

We do reserve the right to refuse any adoption.

Please SAVE this file to a local location on your computer before either:

- (1) printing this form and mailing it to the P.O. Box listed below
or
(2) emailing this form back to this rescue.

Central Illinois German Shepherd Dog Rescue
P.O. Box 17464
Urbana, IL 61803

Web: <http://www.gsdhaven.org>
Email: rescue@gsdhaven.org