



**LOW COUNTRY GOLDEN
RETRIEVER RESCUE RESOURCE
ADOPTION APPLICATION**

Minimum Adoption Donation is \$225.00 unless otherwise stated. This helps us to recover some of the vet expenses typically incurred bringing the Golden back to optimal health.

PLEASE PRINT OR TYPE ALL INFORMATION

First Name: Last Name:

Co-Applicant:

Street address:

Mailing address (if different)

City: State: Zip:

Home Phone: Work Phone(s):

Email Address:

A complete answer to the following questions will enable us to be more familiar with your request and requirements, and will help us find the Golden Retriever to match your needs and expectations.

Age desired: puppy to 1 yr 1-3 yrs 3-6 yrs 6-8 yrs 8+ yrs

Would you consider a Special-Needs Golden such as one who requires medication for a permanent but controlled condition? YES or NO

Will you accept a Golden-mix? YES or NO

Activity Level: High Medium Calm

Sex: Male Female Either

Do you have any children who live with you? Yes No

If yes, please give their ages:

Do they share your interest in adopting a Golden Retriever?

Who is the dog primarily for:

Adult Child Elderly Physically Challenged

Who will care for, train and exercise the dog?

May we visit your home prior to application approval? YES or NO

Please list all the pets you have owned in the past five years:

Species	Sex	Spayed/ Neutered?	What happened to the pet?

Please provide the full name, address, and phone number of your current veterinarian. If you have not used a vet in last 3 years please include the vet you plan to use:

Name Phone

City State Zip

Do we have permission to contact your veterinarian? YES or NO

How long have you lived at your current address?

Do you own rent ?

If you rent:

Landlord's Name Phone number

Do you have the permission of your landlord to have a dog? YES NO

Up to what size?

Will the dog be allowed in the house? YES NO

How long will the dog be left alone?

Where will the dog stay when you are away from the house?

Where will the dog sleep at night

Will your dog: (Check all that apply)

have the run of the house be in blocked-off parts of the house

be tied outside live in the yard

Are you familiar with the use of a dog crate to train and/or confine the pet during your absence or at night? YES or NO

Are you willing to use a crate? YES or NO

Is your yard fenced? YES or NO Type/Height of fence?

If you do not have a fence, do you plan to install one? YES or NO

Size of dog's yard area Will the dog be walked daily? YES or NO

Exercised in a fenced yard? YES or NO

Allowed to run free? YES or NO

LCGRR strongly recommends obedience training for all dogs under 2 yrs of age.

Are you willing to have your dog attend formal obedience training? YES NO

Have you ever owned a Golden Retriever? YES or NO

Are you aware that Goldens are active and that they shed all year long?

YES or NO

How much do you think it costs for routine care for a dog on average a year? \$

Have you sold, given away, or surrendered a pet to a shelter? YES or NO

If Yes, please explain:

Please tell us why you want a Golden Retriever

Please tell us a little of your lifestyle, your family including any special activities in which your dog would be included. (If you have any special requirements or requests for a dog, please let us know so that we can more carefully match a dog to your lifestyle)

If you move what will you do with your dog?

Have you applied to any other Golden Retriever Rescue groups? YES or NO

If Yes, please identify the group so that we may work with them to help find a golden that matches your needs

Please tell us how you became aware of LCGRR and its programs:

Referral from whom? Web link from where?

Flyer Web search Other

I/We attest that the Terms and Conditions of Adoption have been read in full by me/us and that the information provided on this application is true and accurate to the best of Adoption and also understand that completion and submission of this application does not guarantee adoption of a Golden Retriever. (If application is sent electronically, I attest that no changes have been made to the content of this document and I understand that my approval by signature is assumed)

Applicant's Name: Date:

Applicants Signature:

Return completed form to:
LCGRR,
P.O. Box 803,
Johns Island SC 29457