

NORCAL Golden Retriever Rescue Adoption Application

In order to find the best home for our Goldens, NGRR asks you to complete this rather lengthy application which takes about 20 minutes. We apologize for the inconvenience, but we have found knowing as much as we can about you, your house, your yard and your family helps us to find you the best match.



Mail the completed application to: NORCAL Golden Retriever Rescue
 405 El Camino Real
 Suite 420
 Menlo Park, CA 94025-5240

An NGRR member will call you to review the application. If this goes well, we will set up a home visit.

About You

Name			
Street Address			
City			
State/Zip			
Telephone	H: _____ C: _____ W: _____		
E-mail			
I/We fully understand the adoption process and the notes above	Yes <input type="checkbox"/> No <input type="checkbox"/>	I/We are over 21 years of age.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If I am approved, I can take a dog immediately	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, then when and why?			
Are you aware of adoption fees?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you aware of the expenses required to feed and care for this dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you accept a senior dog (over 8 years old)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you consider a bonded pair of dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>

How long do you plan to keep the dog?

Any comments you wish to make to NGRR?

About Any Pets in Your Household Now

Total Number of Animals in Household? _____

<p>Pet Number #1</p> <p>Name _____</p> <p>Age _____</p> <p>Type _____</p> <p>Breed if Dog _____</p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Up to Date on Vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Pet Number #1</p> <p>Name _____</p> <p>Age _____</p> <p>Type _____</p> <p>Breed if Dog _____</p> <p>Gender Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Spayed/Neutered Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Up to Date on Vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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About Your Household

Are there children in the household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of children 0-3 years old	
Number of children 4-7 years old	
Number of children 8 and older	
Are there other animals that regularly visit your household?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type?	
Are all household members in support of this adoption?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, describe	
Do any household members have allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who and describe allergies	
Would you agree to a home visit as part of the approval process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, why?	
Are there other adults in the household besides the applicants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe	

About Your Home

Do you own your own home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Home	

How many years have you lived at this address?	
If less than 1 year, provide previous address:	Street _____ Address: _____ City: _____ State/Zip: _____
How many flights of stairs from street to front door?	
How many flights of stairs from front door to main floor?	
How many flights of stairs from main floor to yard?	
How many flights of stairs from main floor to second floor?	
If you rent, do you have written landlord permission for a dog?	
If yes, landlord's name	
If yes, landlord's phone number	
Do we have permission to contact your landlord?	

About The Yard and Fence

Do you have a yard where a dog can play and do his business?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
How big is the yard?											
Is the yard completely fenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
How high is the fence in feet?											
Fence material?											
Are the gates locked at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
If other, describe											
What is in yard? Check all that apply	<table> <tr> <td><input type="checkbox"/> swimming pool</td> <td><input type="checkbox"/> planted garden</td> </tr> <tr> <td><input type="checkbox"/> dirt or gravel dog play area</td> <td><input type="checkbox"/> grass lawn</td> </tr> <tr> <td><input type="checkbox"/> finished patio or deck</td> <td><input type="checkbox"/> children's play area</td> </tr> <tr> <td><input type="checkbox"/> creek or stream</td> <td><input type="checkbox"/> outdoor storage</td> </tr> <tr> <td><input type="checkbox"/> none</td> <td></td> </tr> </table>	<input type="checkbox"/> swimming pool	<input type="checkbox"/> planted garden	<input type="checkbox"/> dirt or gravel dog play area	<input type="checkbox"/> grass lawn	<input type="checkbox"/> finished patio or deck	<input type="checkbox"/> children's play area	<input type="checkbox"/> creek or stream	<input type="checkbox"/> outdoor storage	<input type="checkbox"/> none	
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<input type="checkbox"/> none											

Separate kennel run?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Doggy door access to house?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a swimming pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is pool gated and locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, does pool have interior steps?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an outdoor spa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is it covered when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to either pool or spa, golden retrievers enjoy swimming, so how will you train your dog to be safe around pools and /or spas?	
If no yard, how will you exercise the dog?	
If no yard, how will the dog do its business?	
Tell us in detail about your yard, pool, and fence	

Your Experience With Dogs

Have you previously owned dogs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your experience with first dog	
Describe your experience with second dog	
Describe your experience with third dog	
Describe your experience with other dogs	
Have you ever adopted a rescue dog before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which rescue group, when, and how it turned out?	

Have you ever had to relinquish or put down a dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe what happened	
Vet that you have used in the past or will use:	Name _____ Phone _____ City _____
May we contact him/her?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why?	
Tell us more in detail about your dog experiences	

Your Choice for a Golden Retriever

Why would you like to add a Golden Retriever to your family?	
What gender do you prefer?	Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/>
Age Preference?	1 st _____ 2 nd _____ 3 rd _____
What do you expect in a Golden Retriever? Check all that apply	<input type="checkbox"/> family pet <input type="checkbox"/> companionship <input type="checkbox"/> train for hunting <input type="checkbox"/> train to be a service dog <input type="checkbox"/> bond with current dog <input type="checkbox"/> other
Describe what you are looking for in a Golden Retriever	

Will you consider a dog with minor health or behavioral problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If answer to above question is depends, please describe.	
Please describe how you feel about the following canine traits :	
Barking	
Chewing	
Digging	
Drooling	
Shedding	
If there are other dog traits that will bother you, explain	
Will an active dog (one that follows you around wanting attention) bother you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Caring For Your Golden Retriever

Who in your household will be the primary caretaker of this dog?
How many hours are you and spouse/partner gone each day?
Where will the Golden sleep at night in summer?
Where will the Golden sleep at night in winter or bad weather?
Where will the Golden be housed during the day when you are home in the Summer?
Where will the Golden be housed during the day when you are home in the winter or bad weather?

Where will the Golden stay while you are gone during the day?	
When you travel, who will care for the Golden?	
What type of vehicle will you use when transporting the Golden? Choose the one you will typically use for highway driving.	
How will you exercise the Golden? Check all that apply	<input type="checkbox"/> run or walk <input type="checkbox"/> swim <input type="checkbox"/> play fetch <input type="checkbox"/> obedience or agility training <input type="checkbox"/> other
If other, describe	
If adoption, will you microchip the dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How much responsibility will your child or children be given in the care and management of the dog for the following?:	
Housebreaking	
Socializing	
Feeding	
Behavior	
Grooming	
Obedience	
Training	
Are you willing to take your Golden to a veterinarian or an annual physical and vaccinations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to have your Golden tested annually for heart worm if advised by a veterinarian in your geographic area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Golden are prone to skin disease and allergies that are expensive to treat. Are you willing to bear them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tell us more in detail about how you will care for your new Golden.	

Training Your Golden

Will you agree to take the dog to obedience or training classes if recommended by NGRR?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever completed an obedience class with a previously owned dog or current dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, where and what type	
Are you agreeable to crate training if required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why not?	
Have you ever house trained a dog?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what methods did you use?	
Have you ever dealt with a dog with behavior issues such as (check all that apply)	<input type="checkbox"/> pulling on leash <input type="checkbox"/> toy or food ossession/aggression <input type="checkbox"/> excessive barking <input type="checkbox"/> excessive chewing <input type="checkbox"/> digging in a planted garden <input type="checkbox"/> fear or cowering
If other, describe	
If any behavior issue above was chosen, what did you do?	
Would you be willing to adopt a dog that has behavior issues such as (check all that applies)	<input type="checkbox"/> pulling on leash <input type="checkbox"/> toy or food ossession/aggression <input type="checkbox"/> excessive barking <input type="checkbox"/> excessive chewing <input type="checkbox"/> digging in a planted garden <input type="checkbox"/> fear or cowering
Are you willing to read information on behavior modification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any more comments about how you will train your Golden?	
NGRR publishes a semi annual Newsletter that we mail to our NGRR friends that is filled with wonderful stories about successful adoptions and our events during the year	<input type="checkbox"/> Yes, please add me to the mailing list for the NGRR Newsletter <input type="checkbox"/> No