

Golden Gate Pembroke Welsh Corgi Fanciers, Inc.

## **Rescue Adoption Application**

The answers you give on this application will help us to find the best possible match between you and the dogs available through GGPWCF. Please fill out both this and the Terms of Adoption forms completely and return to the address at the end.

Name	Alternate Phone () E-Mail Occupation Phone ()						
Street Address							
City State Zip							
Best time to call							
Personal reference: Name							
Relationship							
Do you live in a (circle) House Apt Mobile H	ome Condo Other (fill in)						
Do you (circle) own or rent your home: If renting, do you ha	ve your landlord's permission to have a dog?						
Landlord's name	Landlord's phone ()						
How long have you been at this address?							
Do you have a fenced yard? List fence height and type							
If no fence, how will you handle exercise and toilet duties?							
Do you have a separate kennel run?	List height and size						
How many adults in the household?	_ How many children?						
Age and sex of children?							
Are there regular visitors to your home (human or animal) w	vith which your dog must get along?						
Please provide a brief description							
Do you own other dogs?	Are they neutered?						
Give breed/type, sex, and age of each							
Do you own cats? How many?	_ Any other animals?						
Do you have a regular vet?	Vet's name						
Vet's clinic, city, and phone number							
How many dogs have you owned in the past 5 years?							
Give breed/type(s) and if you still have the dog(s)							
If not, what happened to the dog(s)? Be specific							
Have you owned a Pembroke Welsh Corgi before?							
Why did you choose this breed?							

List all plans for this dog (	circle) Pet	Obedience	Rally	Herding	Agility	Other	
Would you prefer a male of	or female? (circle)	Male	Female	No Prefere	ence		
Color preference? (circle)	Red/White	Sable	Tricolor	No Prefere	nce		
Acceptable age range? (c	ircle) Puppy	2-5 yrs	5-8 yrs	8+ yrs	No Prefe	erence	
Coat type preferred (circle	e) Regular	Fluffy	No Prefere	nce			
I would be willing to consid	der a suitable dog	of a different	(circle)	Sex Colo	r Age	than that above.	
I would be willing to accept a special needs dog (e.g., diabetic; allergies; needs training, special food or							
medication, etc.) Ye	es No Co	omment					
Where will the dog spend	the day? (circle)	Loose in	doors	Crate Ba	sement	Garage	
Fenced Yard L	_oose outdoors	Tied Out in	n Yard	Kennel Run	Other		
How many hours, on average, will the dog spend alone per day?							
Where will the dog spend	the night? (circle)	Loose i	indoors	Crate B	asement	Garage	
Fenced Yard L	_oose outdoors	Tied Out in	n Yard	Kennel Run	Other		
Are any family members allergic to dogs? Describe							
Do all family members want to adopt a dog? If no, describe							
Do you understand that GGPWCF requires all dogs to be neutered?							
Do you agree to license an adopted dog and give regular health care?							
Do you agree to contact GGPWCF if you can no longer keep the dog?							
Would you be willing to let a representative of GGPWCF visit your home by appointment?							
If no, why not?							
How did you hear about GGPWCF Rescue							

All of the information I have given is true and complete. Should an unneutered dog be placed with me, I agree to have it neutered within one month of adoption or by a date agreed upon by me and a representative of GGPWCF. This dog will reside in my home as a pet. I will provide it with adequate food, water, shelter, training, affection, and medical care. I understand that GGPWCF is a referral service and is not responsible for the accuracy of information received about the temperament, habits, or physical condition of dogs available to adoption. I understand it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. I am in full agreement with these terms for adoption. GGWPCF is in no way liable or responsible for any damage, accident, or injury resulting from the placement of a dog into my household.

**Applicant Signature** 

Guardian signature if applicant is under 18 years of age

Date

## WE RESERVE THE RIGHT TO REFUSE ANY APPLICANT Please mail this and Terms of Adoption forms to:

A. M. Buonanno PWC Rescue Coordinator, GGPWCF P.O. Box 452 Livermore, CA 94551