



## Adoption Pre-Application & Application

**Houston Area Doberman Rescue**  
17515 Spring Cypress Rd Ste C #325  
Cypress, TX 77429-2689  
P: 832-598-4237 ♦ F: 832-553-8025  
contact@hadr.org

### Date and Time of Pre-Application

Date	Time
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### Adopter Contact Information

First Name	Last Name	Email
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### Veterinarian Reference

We will call the Veterinarian you provide for a reference. Do you consent to this?  
Yes  No

### Personal References

We will call the personal references you provide for a reference. Do you consent to this?  
Yes  No

### Home Visit

We will come to your home for a home visit. Do you consent to this?  
Yes  No

### Dog in Foster Care

All our dogs are in foster homes and can be up to an hour from you. Will you commit to driving to the Foster's home?  
Yes  No

### Basic Obedience Class Requirement

We require all adopters to provide proof of completion of a basic obedience class with their Doberman. Board and Train classes are not acceptable. Do you agree to attend a basic obedience class?  
Yes  No

### Landlord Verification

If you are a renter, we will call your landlord to verify that Dobermans are allowed. Do you consent to this?  
Yes  No  Not a Renter

### Doberman Lifespan

Dobermans can live to be 10+ years old. You are making a long term commitment for the rest of this dog's life. Do you commit to this?  
Yes  No



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### Heartworm Preventative

Dogs require heart worm preventative monthly for the rest of their lives. Do you commit to providing this medicine for the rest of the dog's life?

Yes  No

### Adjustment Period

An adjustment period of 6 months or longer is required for the dog to realize your home is it's forever home. During this time, the dog may break stuff, tear stuff up, or have accidents in your home. Do you commit to keeping the dog during its adjustment period?

Yes  No

### Dog Location

Dobies are inside dogs and must not be left outside for extended periods of time. Additionally, we do not allow Dobies to be attached to a tie-out or zip line at any time. Do you commit to keeping this dog inside and never to tie them out or put them on a zip line?

Yes  No

### Wellness Checks

HADR may, at its discretion, perform wellness checks on adopted dogs. Do you consent to allow wellness checks?

Yes  No

### Application Fee

A \$10 non-refundable application fee will be charged prior to completing the Application. Do you consent to paying this non-refundable fee?

Yes  No

### Signature

By signing below, I verify that all information is true and correct to the best of my knowledge. I understand that there is a \$10 non-refundable fee to apply to adopt a Doberman from HADR. Payment of this fee is not a guarantee of being approved to adopt. Payment of this fee is due with this application.

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Your Signature

Date



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### Adopter Contact Information

Full Name		Co-Applicant's Full Name (if applicable)		
Address	City	State	ZIP	County
Home Phone	Your Work Phone		Your Cell Phone	
Your Email Address		Co-Applicant's Email Address (if applicable)		
Your Occupation		Co-Applicant's Occupation (if applicable)		
Your Age (minimum of 25 years old)		Co-Applicant's Age (if applicable, minimum of 25 years old)		
How did you hear about Houston Area Doberman Rescue (HADR)? Facebook <input type="checkbox"/> Google/Yahoo/Bing <input type="checkbox"/> HADR Website <input type="checkbox"/> HADR Volunteer <input type="checkbox"/> Other Rescue <input type="checkbox"/> Family or Friend <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Dog Trainer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Pet Event <input type="checkbox"/> Other Website <input type="checkbox"/> Boarding Facility <input type="checkbox"/>				

### About You

Have you owned a dog before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you owned a Doberman before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you adopted from HADR in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you rent or own your current residence? Rent <input type="checkbox"/> Own <input type="checkbox"/>	How long at current address?	
If you rent: Has a pet deposit been paid? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	Are there any restrictions on pet size/ breed Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Landlord Name:	Landlord Phone Number:	
How many times have you moved in the past 5 years? Reason(s)	Do you plan on moving in the next few years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many people, including yourself, live in your household?	What are their ages?	
Who will be primarily responsible for the dog?		
Is anyone in the household allergic to animals? Yes <input type="checkbox"/> No <input type="checkbox"/>	Explain	
Is everyone in the household aware of your intention to adopt a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to let a representative of HADR visit your home? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to attend a basic obedience course with your Doberman? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe any training you have had with current or past pets	
What level of activity in a dog would be ideal for you?	How do you plan on exercising the dog?	
Describe the causes and prevention of heartworm disease:		
Will you keep your Doberman on heartworm preventative? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your timeframe for adopting?	



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Have you applied to adopt from other rescue groups (any breed)?	Please list the other rescue groups you have applied to:
Are you interested in volunteering with HADR? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you checked the available dogs on our website? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which dog is your first choice to meet?
Which dog is your second choice to meet?	

### Preferences

Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference <input type="checkbox"/>	Age: Puppy <input type="checkbox"/> Juvenile <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> No Preference <input type="checkbox"/>	Color: Black/Tan <input type="checkbox"/> Red <input type="checkbox"/> Fawn <input type="checkbox"/> Blue <input type="checkbox"/> Albino <input type="checkbox"/> No Preference <input type="checkbox"/>
Ears: Natural <input type="checkbox"/> Cropped <input type="checkbox"/> No Preference <input type="checkbox"/>	Tail: Natural <input type="checkbox"/> Docked <input type="checkbox"/> No Preference <input type="checkbox"/>	
Which personality traits are you unwilling to live with? Aggressive to strangers <input type="checkbox"/> Chases Cats <input type="checkbox"/> Digging <input type="checkbox"/> Excessive Barking <input type="checkbox"/> Jumps on people <input type="checkbox"/> Timid around children <input type="checkbox"/> Unfriendly toward other pets <input type="checkbox"/>		
Which of the following describe why you want this new pet? Companion for myself <input type="checkbox"/> Companion for other pet <input type="checkbox"/> Family Pet <input type="checkbox"/> Gift <input type="checkbox"/> Pet for my children <input type="checkbox"/> Security <input type="checkbox"/> Other <input type="checkbox"/>		
If this new pet will be a gift, does the recipient know you are getting this pet for them? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your relationship to the gift recipient?	
Where will the pet be kept during the day?	Where will the pet be kept at night?	
How many hours a day will the pet be alone?		
How will the pet be confined to your property? Chain <input type="checkbox"/> Fenced Yard <input type="checkbox"/> Garage <input type="checkbox"/> Inside Only <input type="checkbox"/> Kennel <input type="checkbox"/> On a Leash <input type="checkbox"/> Patio <input type="checkbox"/> Other <input type="checkbox"/>		
What is the height of the fence?	Where will the dog stay when you are out-of-town?	
Which of the following might cause you to give up the dog? Allergies <input type="checkbox"/> Birth of a child <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> New roommate <input type="checkbox"/> Pet becomes ill <input type="checkbox"/> Unemployment <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/>		
What will you do with the dog if you give him or her up?	What will you do with the dog if you move?	
What methods will you use to discourage unwanted behaviors?	New dogs require time to adjust to their new home. What amount of time do you consider a reasonable adjustment period? A few weeks <input type="checkbox"/> A month <input type="checkbox"/> A few months <input type="checkbox"/> A year or more <input type="checkbox"/> As long as it takes <input type="checkbox"/>	



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**Current Pets (list each pet individually)**

Pet #1: Type of Pet		Name	
Breed		Age	
Weight		Sex	
Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>		How long have you had pet?	
Gets along with other pets Yes <input type="checkbox"/> No <input type="checkbox"/>			
Percent of Time Pet is Kept: Outdoors %		Indoors %	Crate %
Pet #2: Type of Pet		Name	
Breed		Age	
Weight		Sex	
Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>		How long have you had pet?	
Gets along with other pets Yes <input type="checkbox"/> No <input type="checkbox"/>			
Percent of Time Pet is Kept: Outdoors %		Indoors %	Crate %
Pet #3: Type of Pet		Name	
Breed		Age	
Weight		Sex	
Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>		How long have you had pet?	
Gets along with other pets Yes <input type="checkbox"/> No <input type="checkbox"/>			
Percent of Time Pet is Kept: Outdoors %		Indoors %	Crate %
Are all pet's rabies and other vaccinations current? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are dog(s) on heartworm preventative? Yes <input type="checkbox"/> No <input type="checkbox"/>	Brand of Heartworm Preventative	
Tell us anything about your other pets you want us to know:			



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**Prior Pets (list each pet individually)**

Prior Pet #1 Type	Name
Breed	Last Age
Last Weight	Why is this pet no longer with you? Died of old age <input type="checkbox"/> Medical problem <input type="checkbox"/> Rehomed <input type="checkbox"/> Returned to Breeder <input type="checkbox"/> Returned to Rescue <input type="checkbox"/> Returned to Shelter <input type="checkbox"/> Runaway/Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other <input type="checkbox"/>
If you selected Medical Problem, Rehomed, Returned to Breeder, Returned to Rescue, Returned to Shelter or Other in the prior question, please explain the reason.	
Prior Pet #2 Type	Name
Breed	Last Age
Last Weight	Why is this pet no longer with you? Died of old age <input type="checkbox"/> Medical problem <input type="checkbox"/> Rehomed <input type="checkbox"/> Returned to Breeder <input type="checkbox"/> Returned to Rescue <input type="checkbox"/> Returned to Shelter <input type="checkbox"/> Runaway/Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other <input type="checkbox"/>
If you selected Medical Problem, Rehomed, Returned to Breeder, Returned to Rescue, Returned to Shelter or Other in the prior question, please explain the reason.	
Prior Pet #3 Type	Name
Breed	Last Age
Last Weight	Why is this pet no longer with you? Died of old age <input type="checkbox"/> Medical problem <input type="checkbox"/> Rehomed <input type="checkbox"/> Returned to Breeder <input type="checkbox"/> Returned to Rescue <input type="checkbox"/> Returned to Shelter <input type="checkbox"/> Runaway/Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other <input type="checkbox"/>
If you selected Medical Problem, Rehomed, Returned to Breeder, Returned to Rescue, Returned to Shelter or Other in the prior question, please explain the reason.	



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### References

Reference #1 Name	Relationship – Family Member	
Telephone	Email	
Reference #2 Name	Relationship – Not Related to You	
Telephone	Email	
Reference #3 Name	Relationship Not Related to You	
Telephone	Email	
Vet Name	Vet Email Address	
Vet Address		
Vet City	Vet State	Vet Zip
Vet Phone	Vet Fax	

### Signatures

By signing below, I verify that all information is true and correct to the best of my knowledge. I further acknowledge that submission of this application is no guarantee of being approved for adoption.

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Your Signature Date

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Co-applicant's Signature Date