



Pennsylvania Great Dane Rescue and Rehab

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### **ADOPTION APPLICATION**

Instructions: Please read this Application, fill in the blanks, sign it, and return it to us at the address above. The information you provide in this Application and during our interview will help us find a good match for you.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number (inc. Area Code)  
: \_\_\_\_\_

Alternative Phone Number (inc. Area Code)  
\_\_\_\_\_

Cell                      Fax

E-mail Address (optional)  
\_\_\_\_\_

Age Over 21?    Yes            No

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide the following information about your home, your children (if any), and your pets (if any):

**YOUR HOME:**

Do you own or rent your home? \_\_\_\_\_ How long have you lived here? \_\_\_\_\_

Dwelling type?       Single Family,       Duplex,       Townhouse,  
 Apartment,       Mobile Home,       Other

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If renting, written authorization from your landlord/lady stating you are allowed to have a Great Dane **MUST BE ATTACHED** to this Adoption Application. This document must list their name, complete address and phone number.

Do you have a fenced yard?      Yes      No  
If "Yes," how high is your fence? \_\_\_\_\_  
What type is it (Cyclone, Stockade, etc.)? \_\_\_\_\_

If "No," you have to be willing and able to take the dog outside **ON A LEASH** for relief and exercise at least three or four times every day. \_\_\_\_\_ (Please initial)

You are aware that your Great Dane **MUST** be kept on a leash **AT ALL TIMES** when not in a fenced area. \_\_\_\_\_ (Please initial)

You must keep a collar **BEARING IDENTIFICATION, CURRENT LICENSE AND VACCINATION TAGS**, on your Great Dane at all times, and further, notify Pennsylvania Dane Rescue, Inc. immediately if the dog should ever become lost. \_\_\_\_\_ (Please initial)  
Great Danes **MUST LIVE WITHIN THE HOME**. They **CANNOT LIVE** outdoors in a kennel or dog house, be chained up, put on a wire run or be kept outside in any fashion on a permanent basis. You agree to keep your new pet inside your house \_\_\_\_\_ (Please initial)

Is there a family member home during the day?       Yes       No  
If "No," how many hours a day will the Great Dane be left alone? \_\_\_\_\_  
Where will you keep your dog when you're not home? (Check everything which applies)

Crated,       Locked in room,       Basement,       Bathroom,  
 Porch,       Garage       Other \_\_\_\_\_

Where will he/she sleep at night? (Check everything which applies)  
 Crated,       Locked in room,       Basement,       Bathroom  
 Kitchen,       Bedroom; yours or       Other \_\_\_\_\_

Will your Dane travel with you?       Yes       No  
If no, where will the dog stay when you are away? \_\_\_\_\_

**YOUR FAMILY:**

Number of adults, including yourself? \_\_\_\_\_

Do you have any children, including any who visit on a regular/frequent basis?  Yes  No

If "Yes," please list how many, their age and gender \_\_\_\_\_

\_\_\_\_\_

Does anyone in the household have allergies?

\_\_\_\_\_

Are other members of your household enthusiastic about adopting a Dane?  Yes  No

Who will be primarily responsible for the care of this dog? \_\_\_\_\_

**YOUR PETS:**

Do you currently have other pets?  Yes  No

If "Yes," how many?  Dogs \_\_\_\_\_  Cats \_\_\_\_\_  Other

For Dogs please list their:

Breed	Age	Sex	Intact or Altered

For "Cats," please list their:

Age	Sex	Declawed?	Spayed/Neutered?	Get Along with Dogs?

For "Others," please describe

\_\_\_\_\_

What pets have you had in the past?

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Veterinarians' Name

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Of (Practice Name)

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Phone Number (inc. Area Code)

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**REGARDING THE GREAT DANE BREED:**

Have you had a Great Dane before?  Yes  No

If "Yes/" how many? \_\_\_\_\_ How did you get them? (Check everything which applies)

from a Breeder     from a Store     Adopted from a Rescue / Shelter / other

Inherited     Found Stray     Other

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What's happened to them?

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Are you familiar with the health problems associated with this breed (i.e. short life span/bloat/gastric torsion, hip/elbow dysplasia)?     Yes  No

Are you aware of, and prepared for, the financial responsibility of having a "GIANT" breed (Food cost, licensing, routine veterinary care)?     Yes  No

Why do you want a Great Dane?

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How did you learn about / who referred you to Pennsylvania Great Dane Rescue?

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Why did you decide to adopt rather than purchase a puppy?

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Comments :

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Dogs adopted through Pennsylvania Great Dane Rescue come to their new owners already

spayed/neutered, with inoculations current within six months, initial worming, flea treatment and a heart worm check. In exchange for these medical services/ and to help defray our group's expenses, there is an ADOPTION DONATION, which IS NON-REFUNDABLE.

\_\_\_\_\_ (Please initial)

A premise inspection/home evaluation, conducted by Pennsylvania Great Dane Rescue representative(s) is required. When would the most convenient day and time be for you?

\_\_\_\_\_

You understand that your ownership of this Great Dane will be subject to the conditions set forth in this application, and that if the dog is judged to be kept in an unacceptable fashion by Pennsylvania Great Dane Rescue, or any portion of this application has been falsified, Pennsylvania Great Dane Rescue is entitled to regain ownership of the dog.

\_\_\_\_\_ (Please initial)

You take full responsibility for any future liability concerning this dog, once you have taken custody. This includes any type of vet care as well as any dog bites or injury that has occurred from the dog adopted by the new adopting party and can not hold Pennsylvania Great Dane Rescue, Inc. responsible in anyway. \_\_\_\_\_ (Please initial)

Should you be unable to care for any dog you adopt from the Pennsylvania Great Dane Rescue, you agree that you will return the dog to the Pennsylvania Great Dane Rescue.

\_\_\_\_\_ (Please initial)

\*\*Refusal of 6 month home check and evaluation will result in automatic denial of application and if a dog has been adopted to you and your refuse the 6 month after adoption home check a local dog law enforcement officer and a PGDR representative will come your home anyhow to ensure that the dog is safe and in humane conditions, which can result in confiscation of the dog, non refunded adoption fee and denial of further adoptions with PGDR. \_\_\_\_\_ (Please initial)

The Applicant(s), including all adults in the household, agree that this is a CONTRACT entered into with Pennsylvania Great Dane Rescue and, as such, is binding. I/We hereby certify that all the information contained on this ADOPTION APPLICATION is true and correct to the best of my/our knowledge and I/We agree to the terms specified herein:

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_/\_\_/\_\_

Please mail or email this completed Application to either address listed

Pennsylvania Great Dane Rescue

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