

# Adoption Application



## Family Profile and Home Evaluation Form California German Shorthaired Pointer Rescue

Dear Prospective Owner,

Our goal is to find permanent, secure and attentive homes for our rescued dogs, and we know you want the best dog for your situation. This profile will assist us matching the dog most suited to your needs and interests.

**Please complete the form below and email, mail or fax it to the address or fax number below.**

Once you have submitted your application, someone from the adoption committee will contact you by email to set up a phone conversation—please check your inbox and spam for this email. We try to get back to you within a few days. However, if you haven't heard from one of our volunteers within 7 days, please contact us at [info@gsp-rescue.org](mailto:info@gsp-rescue.org) and let us know. Thank you for your honest responses.

—GSP Rescue

1. FIRST NAME		2. LAST NAME		
3. EMAIL				
4. STREET ADDRESS (NO P.O. BOXES, PLEASE)		5. CITY		6. STATE
				7. ZIP
8. CELL PHONE		9. HOME PHONE		
10. DO YOU... <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE <i>(PLEASE CHECK ALL THAT APPLY)</i> <input type="checkbox"/> OTHER :				
11. NO. OF ADULTS IN HOME		12. NO. OF CHILDREN IN HOME		13. AGES OF CHILDREN (SEPARATE BY COMMA)
14. FENCE TYPE/MATERIAL		15. FENCE HEIGHT		16. YARD SIZE
17. ARE YOU INTERESTED IN <input type="checkbox"/> ADOPTING <input type="checkbox"/> FOSTERING <input type="checkbox"/> BOTH		18. WHAT IS YOUR TIMEFRAME FOR ADOPTING?		19. PREFERRED AGE RANGE OF DOG?
20. WHY THIS AGE RANGE?		21. WHICH DO YOU PREFER? <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> AS RESCUE SUGGESTS		
22. WHERE WILL THE DOG BE? <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> INSIDE/OUTSIDE				
23. DESCRIBE A NORMAL DAY FOR YOUR DOG:				

24. HOW LONG WILL THE DOG BE LEFT ALONE DURING A TYPICAL DAY?	25. WHERE WILL THE DOG BE KEPT WHEN ALONE?	26. WHERE WILL THE DOG SLEEP?																
27. WHAT TYPE OF EXERCISE PLAN DO YOU HAVE FOR THE DOG?		28. WHAT ARE REASONS YOU WOULD RETURN A DOG TO RESCUE?																
29. ARE YOU LOOKING FOR A : <input type="checkbox"/> HUNTER <input type="checkbox"/> PET <input type="checkbox"/> HUNTER/PET <input type="checkbox"/> SHOW DOG																		
<p>30. IF YOU ARE LOOKING FOR A HUNTER, PLEASE ANSWER THE FOLLOWING:</p> <p>HAVE YOU HUNTED WITH DOGS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF SO, WHAT TYPE OF DOGS? _____</p> <p>HOW WILL YOU TRAIN THE DOG TO HUNT? _____</p> <p>HOW OFTEN DO YOU HUNT? _____</p> <p>IF THE DOG DOES NOT HUNT, WHAT WILL YOU DO WITH THE DOG? _____</p>																		
<p>31. WHAT BEHAVIORS DO YOU FEEL QUALIFIED TO WORK WITH IN YOUR NEW DOG?</p> <table border="0"> <tr> <td><input type="checkbox"/> DOMINANCE</td> <td><input type="checkbox"/> BASIC TRAINING</td> <td><input type="checkbox"/> EXTENDED TRAINING</td> <td><input type="checkbox"/> MEDICAL NEEDS</td> </tr> <tr> <td><input type="checkbox"/> SEPARATION ISSUES</td> <td><input type="checkbox"/> CHEWING</td> <td><input type="checkbox"/> SHY OR TIMID BEHAVIOR</td> <td><input type="checkbox"/> HOUSE TRAINING</td> </tr> <tr> <td><input type="checkbox"/> JUMPING</td> <td><input type="checkbox"/> LEASH WALKING</td> <td><input type="checkbox"/> UNSOCIAL WITH OTHER DOGS</td> <td><input type="checkbox"/> HIGH ACTIVITY LEVEL</td> </tr> <tr> <td><input type="checkbox"/> PROTECTIVE BEHAVIORS</td> <td><input type="checkbox"/> OTHER _____</td> <td colspan="2"><input type="checkbox"/> NONE OF THE ABOVE—WE NEED TO INCORPORATE A DOG EASILY INTO OUR HOME</td> </tr> </table>			<input type="checkbox"/> DOMINANCE	<input type="checkbox"/> BASIC TRAINING	<input type="checkbox"/> EXTENDED TRAINING	<input type="checkbox"/> MEDICAL NEEDS	<input type="checkbox"/> SEPARATION ISSUES	<input type="checkbox"/> CHEWING	<input type="checkbox"/> SHY OR TIMID BEHAVIOR	<input type="checkbox"/> HOUSE TRAINING	<input type="checkbox"/> JUMPING	<input type="checkbox"/> LEASH WALKING	<input type="checkbox"/> UNSOCIAL WITH OTHER DOGS	<input type="checkbox"/> HIGH ACTIVITY LEVEL	<input type="checkbox"/> PROTECTIVE BEHAVIORS	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> NONE OF THE ABOVE—WE NEED TO INCORPORATE A DOG EASILY INTO OUR HOME	
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32. WHAT TYPE OF TRAINING DO YOU HAVE PLANNED FOR YOUR NEW GSP? (PLEASE LIST TRAINERS IF YOU HAVE A SPECIFIC TRAINER ENGAGED.)																		
33. WHAT TYPE OF TRAINING EXPERIENCE DO YOU HAVE?																		
34. HAVE YOU PREVIOUSLY OWNED OTHER DOGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	35. HAVE YOU OWNED GSP'S? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
37. LIST PREVIOUS DOGS, WHEN YOU BROUGHT THEM HOME AND DETAILS OF THEIR PASSING:																		
<p>38. HAVE YOU RESCUED OTHER DOGS? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>IF YES, PLEASE DESCRIBE YOUR RESCUE EXPERIENCE(S):</p>																		
40. DO YOU CURRENTLY OWN OTHER DOGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ARE THEY SPAYED/NEUTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
41. DO YOU HAVE CATS? <input type="checkbox"/> YES <input type="checkbox"/> NO    HOW MANY?:	ARE THEY DECLAWED? <input type="checkbox"/> YES <input type="checkbox"/> NO																	
<p>42. DO YOU HAVE ANY OTHER ANIMALS AT HOME?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>PLEASE LIST:</p>																		

43. WHAT TYPES OF CHALLENGES HAVE YOU DEALT WITH IN PRIOR DOGS?

44. ADDITIONAL INFORMATION OR CONSIDERATIONS YOU WOULD LIKE TO ADD:

**45. FOR FOSTER APPLICANTS:**

DURATION YOU'RE WILLING TO FOSTER? \_\_\_\_\_

WOULD YOU BE ABLE TO ATTEND REGULAR TRAINING?  YES  NO

WOULD YOU BE ABLE TO TRANSPORT TO ADOPTION EVENTS?  YES  NO

WOULD YOU BE ABLE TO TRANSPORT FOR RESCUE APPOINTMENTS?  YES  NO

**46. VET REFERENCES**

CURRENT OR PRIOR VET NAME:

VET'S ADDRESS:

VET'S PHONE NUMBER:

36. HOW DID YOU HEAR ABOUT US?

37. WOULD YOU LIKE TO BE ADDED TO OUR EMAIL LIST?  YES  NO

THIS INCLUDES INFORMATION ON EVENTS, RESCUE, AND DOGS. YOUR INFORMATION WILL NOT BE SOLD OR SHARED WITH THIRD PARTIES AND YOU MAY UNSUBSCRIBE AT ANYTIME.

I certify that the information I have provided on this form is true, correct, and accurate. I am financially and physically able to care for the animal that I adopt. I understand and agree that falsification of any of the above information is grounds to disqualify my adoption application and nullify all adoption(s) and/or adoption agreement. I understand that there is no obligation to adopt an animal to me, now or in the future. I understand that my electronically-generated signature below is valid as a means of legal signature for the purpose of this adoption application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

email to: [info@gsp-rescue.org](mailto:info@gsp-rescue.org)

mail to: GSP Rescue, PO Box 974, Bonsall CA 92003-0974

fax to: 760-269-3136