

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	_Home Phone ()				
Street Address	Alternate Phone ()				
City State Zip	_ E-Mail				
Best time to call	Occupation				
Personal reference: Name					
Relationship	_How long known?				
Do you live in a (circle) House Apt Mobile I	Home Condo Other (fill in)				
Do you (circle) own or rent your home: If renting, do you ha	ave 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)	with 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?					
	Brown f				

List all plans for this dog (circl	e) Pet	Obedience	e Rally	Herd	ing	Agility	Other
Would you prefer a male or fe	male? (circle)	Male	Female	No Preference			
Color preference? (circle)	Red/White	Sable	Tricolor	No Pr	eferenc	е	
Acceptable age range? (circle	e) Puppy	2-5 yrs	5-8 yrs	8+ y	rs	No Prefe	erence
Coat type preferred (circle)	Regular	Fluffy	No Prefere	nce			
I would be willing to consider	a suitable dog	of a different	t (circle)	Sex	Color	Age	than that above.
I would be willing to accept a	special needs o	dog (e.g., dia	abetic; aller	gies; nee	ds train	ing, spec	cial food or
medication, etc.) Yes	No Cor	mment					
Where will the dog spend the	day? (circle)	Loose ir	ndoors	Crate	Base	ement	Garage
Fenced Yard Loos	e outdoors	Tied Out in	n Yard	Kennel F	Run	Other	
How many hours, on average	, will the dog sp	pend alone p	per day?				
Where will the dog spend the	night? (circle)	Loose	indoors	Crate	Bas	sement	Garage
Fenced Yard Loos	e outdoors	Tied Out in	n Yard	Kennel F	Run	Other	
Are any family members aller	gic to dogs?		Describ	e			
Do all family members want to	o adopt a dog?		If no, de	escribe			
Do you understand that GGP	WCF requires a	all dogs to be	e neutered?	? <u> </u>			
Do you agree to license an ac	lopted dog and	l give regula	r health car	e?			
Do you agree to contact GGP	WCF if you car	n no longer l	keep the do	g?			
Would you be willing to let a r	epresentative c	of GGPWCF	visit your h	ome by a	ppointn	nent?	
If no, why not?							
How did you hear about GGP	WCF Rescue						
*****	*****	*****	*******	*******	*******	*******	******
All of the information I have given is within one month of adoption or by a pet. I will provide it with adequate f service and is not responsible for the available to adoption. I understand is agreement with these terms for adop the placement of a dog into my hous	a date agreed upo ood, water, shelte ne accuracy of inf t is my responsibil otion. GGWPCF is schold.	n by me and a er, training, affe ormation recei- lity to see and s in no way liab	representative ection, and me ved about the evaluate the o le or responsion	e of GGPW edical care. temperam dog for mys ble for any	/CF. This I unders ent, habi elf before damage,	dog will re tand that ts, or physe agreeing accident,	eside in my home as a GGPWCF is a referral sical condition of dogs to adopt it. I am in full or injury resulting from
Applicant Signature		iardian signa is under 18	•••				Date
v	VE RESERVE TH	HE RIGHT TO	) REFUSE A		CANT		

Please mail this and Terms of Adoption forms to:

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