Companion Golden Retriever Rescue Program P.O. Box 1317 West Jordan, Utah 84084

ADOPTION APPLICATION			
Print your full nameStreet Address:	Spouse		
Street Address:	City	State	Zip
Mailing Address: (if different from above)			
PhoneWk Phone	ifferent from above) E-mail		
OccupationSpot	Spouse's occupation		
Do you own your home? Yes No			
If you rent, do you have permission to have a large			
Please include landlord's name and phone number			
Do you have children at home?			
Please list ages of everyone in the household			
Do you own other pets? Yes No			
List the type of pet and age:			
How many dogs have you owned in the past 5 year	rs?		
If you no longer have these dogs, please describe v	what happened to	them. Be s	pecific.
What type of fence do you have?	How tall is it?		
Is your fence adequate to keep a Golden Retriever		ure	
Do you have a padlock on your gate? YesNo_			
Do you understand that this dog cannot be kept on			
How many hours per day do you estimate the dog	will be left alone?)	
Where will the dog be kept when you are not at ho	me?		
What activities does your family enjoy that will in	clude this dog?		
Do you understand that this dog cannot be used for	r breeding purpose	es?	
Where will your new dog sleep?			
Have you owned Golden Retrievers in the past? Ye			
What is your motivation for adopting this breed? C			
Companionship Hunting Guard The			
In what circumstance would you give up your dog			
Would you object to a home visit by one of our rep	presentatives?		
Do you prefer a male or a female dog? M F What a	age range do you	prefer?	
Would you consider a suitable dog of another age/			
Is there a particular dog you are interested in? Dog			
Name and phone number of your veterinarian:			
Name and phone numbers of two personal reference	ces:		
Relationship			
2)			
Cianatura	_		

Date:_____