



**Companion Golden Retriever Rescue Program**

P.O. Box 1317  
West Jordan, Utah 84084

**ADOPTION APPLICATION**

Print your full name \_\_\_\_\_ Spouse \_\_\_\_\_  
Street Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: (if different from above) \_\_\_\_\_  
Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_  
Do you own your home? Yes No  
If you rent, do you have permission to have a large dog? Yes No Not Sure  
Please include landlord's name and phone number \_\_\_\_\_  
Do you have children at home? List ages: \_\_\_\_\_  
Do you own other pets? Yes No  
List the type of pet and age: \_\_\_\_\_  
How many dogs have you owned in the past 5 years? \_\_\_\_\_  
If you no longer have these dogs, please describe what happened to them. Be specific.  
\_\_\_\_\_  
What type of fence do you have? \_\_\_\_\_ How tall is it? \_\_\_\_\_  
Is your fence adequate to keep a Golden Retriever in? Yes No Not Sure  
Do you have a padlock on your gate? Yes \_\_\_ No \_\_\_  
Do you understand that this dog cannot be kept on a chain? \_\_\_\_\_  
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 home? \_\_\_\_\_  
What activities does your family enjoy that will include this dog? \_\_\_\_\_  
\_\_\_\_\_  
Do you understand that this dog cannot be used for breeding purposes? \_\_\_\_\_  
Where will your new dog sleep? \_\_\_\_\_  
How will you transport your new dog? \_\_\_\_\_  
Have you owned Golden Retrievers in the past? Yes No  
What is your motivation for adopting this breed? Check all that apply:  
Companionship \_\_\_ Hunting \_\_\_ Guard \_\_\_ Therapy/Service \_\_\_ Other \_\_\_\_\_  
Would you object to a home visit by one of our representatives? \_\_\_\_\_  
Do you prefer a male or a female dog? M F What age range do you prefer? \_\_\_\_\_  
Would you consider a suitable dog of another age/sex? Yes No  
Is there a particular dog you are interested in? Dog's Name: \_\_\_\_\_  
Name and phone number of your veterinarian: \_\_\_\_\_  
Name and phone numbers of two personal references:  
1) \_\_\_\_\_ Relationship \_\_\_\_\_  
2) \_\_\_\_\_ Relationship \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_