



Adoption Application PDF Printout

Name (first – last)

Date (today's) Phone

Address

Email

Why do you want to adopt a dachshund?

Is there a particular dachshund you are interested in adopting?

Please list the names, ages, and relationship to you of each resident of your household, including yourself.

Please tell us about any other pets residing in your home. Please include species, breed, sex and age.

Are you using Heart Worm and Flea prevention on your current pets?

Are each of these animals spayed or neutered? If not, why?

Tell us about previous pets and what happened to them?

Have you ever surrendered a dog? If so, what were the circumstances?

Have you ever bred a dog? How many hours will the Dachshund be alone each day?

How will you handle your Dachshund's need for eliminations when you aren't there?

Who will care for the Dachshund, and where will the Dachshund be kept during the day, when alone and at night?

You live in a (circle one): House Condo/Apartment Military Housing Other

Define Other (if applicable)

Do you own or rent? If renting, do you have written permission from landlord to own a dog?

Landlords name and phone number (if applicable)

Does your home have stairs? If so, will the dachshund have access to the stairs?

Does your home have a yard or a patio? Is it securely fenced?

Does your home have a dog door? Will the dachshund have 24/7 yard access?

Do you have a pool or spa in the yard? If so, is it securely fenced?

Do you have a lot of visitors? Do children under the age of 8 frequently visit?

Please tell us about any experience you have had with Dachshunds. What do you know about the breed?

Are you aware that Dachshunds can be predisposed to obesity and to having back problems?

Are you aware that Dachshunds can have ongoing house training problems?

Will you take your Dachshund to a vet for an annual physical exam and for vaccinations every year?

Will you return your Dachshund ONLY to LRDRFL if he/she can no longer be a member of your family?

Will you teach everyone in your home and all visitors the proper care and treatment of a Dachshund?

If your first-choice Dachshund is not available, what are your preferences for:

Color	Coat	Sex	Size	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you consider adopting a dachshund who . . .

Is part of a bonded pair?

- Yes
- No

Requires further house training?

- Yes
- No

Has a physical disability?

- Yes
- No

Isn't good with other dogs?

- Yes
- No

Requires behavior modifications?

- Yes
- No

Isn't good with children?

- Yes
- No

Requires ongoing medications?

- Yes
- No

Isn't good with cats?

- Yes
- No

Some rescue Dachshunds have problems with separation anxiety, fearfulness, or dominant behavior. Would you be willing to retrain a dog, following a recommended behavioral remediation program?

Are you aware that Dachshunds are not the best choice for families with young children (under 5 years)?

What type of Flea prevention will you use?

What type of Heart worm prevention will you use?

Will you feed your Dachshund premium-quality dog food, following our recommendations?

- Yes
- No

Who will care for your Dachshund if something happens to you?

Is there anything else we should know?

Please supply the names and contact information for 2 pet references we can call.

Name A

Contact: email and/or phone

Name B

Contact: email and/or phone

Veterinarian and / or Clinic Name

Phone

Your Signature