***Top of the Hill Goldens Adoption Application Form***

**Process and Instructions**

Top of the Hill Goldens is committed to finding a responsible and loving forever home for each puppy. We strive towards an outcome where both the dog and family have a rewarding lifelong relationship. Before submitting this application for the adoption of a puppy please take the time to read through information on what it will take to responsibly raise a puppy and care for your new companion the remainder of its life. Please read the terms of ownership specified in the Contract of Ownership & Health Guarantee.

Please answer the following questions so we can make the best possible match for your home! Please read the questions carefully. Incomplete applications will not be accepted. Please double check all contact information submitted is correct.

Prior to filling out an application form, please review the information on our site and read the provided documentation. We encourage you to call or email us with any questions at [TopoftheHillGoldens@gmail.com](mailto:TopoftheHillGoldens@gmail.com), via call or text at 417-838-9151, or via Facebook messenger.

We ask for a $500 deposit with your application. If your application is accepted, we will contact you and place you on our waiting list based on the date the application and fee was received. If we feel your current circumstances are not a good fit for one of our dogs, we will contact you and refund the deposit. The deposit is fully refundable upon request if it is before the date the puppies are born. This is to encourage you to let us know as soon as possible if plans for adoption have changed; once the puppies are born, the deposit is no longer refundable. An issued refund will remove you from our waiting list. If you need to mail in your application, please contact us so we can provide our address to mail the completed form and deposit to. The preferred method for submitting your application is via email and sending the application fee via Venmo to @TopofTheHillGoldens: <https://account.venmo.com/u/TopofTheHillGoldens>.

When we are open for applications, we will take applications for 4 female puppies and 4 male puppies. Any remaining interest will be put on our standby list for the current upcoming litter only. Our deposit and hold fee is due upon conception of the litter and notification to those on the waiting list. Once the litter is born, if it is bigger than 8 puppies, we will continue to reach out to those on our standby list and take deposits on the remaining puppies. At the time you choose your puppy, a separate and final adoption homing fee is due. If you are seeking to have full breeding registration for your puppy, we have additional requirements to be met.

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| **Desired Litter Designation** | |
| Sire and Dam (Parents) of desired puppy: |  |
| Date range of desired adoption: |  |
| **Contact Information** | |
| Full name: | |
| Address: | |
| Daytime Phone: | |
| Evening Phone: | |
| Best time to call: | |
| Email address: | |
| **Family & Housing** | |
| How many adults are in your household? | |
|  | |
| How many children (ages)? | |
|  | |
| What type of home do you live in single family, town home, apartment, farm, etc.? | |
|  | |
| If you rent, please give the rules governing pets and the landlord’s name and number: (by providing this information you are allowing Top of the Hill Goldens to contact your landlord. Please inform them of this call so they will speak with us). | |
|  | |
| Please describe your household and family: | |
|  | |
| Is everyone in agreement with the decision to adopt a dog?  Yes No | |

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| --- | --- |
| Do you have time to provide adequate love, attention, training, and exercise? | |
|  | |
| Do you have ability to provide adequate care for a dog (proper care of a dog can cost thousands of dollars per year. Unexpected Veterinary costs can be large.)? | |
|  | |
| **Other Pets** | |
| What are you and your household’s experiences with owning Golden Retrievers or other dogs? | |
|  | |
| What other pets do you currently have (specify type and number)? | |
|  | |
| **Veterinarian** | |
| Do you have a regular veterinarian?  Yes No | |
| Veterinarian’s name: | |
| Clinic Name: | |
| Clinic Address: | |
| Clinic Phone: | |
| (By providing Top of the Hill Goldens with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to Top of the Hill Goldens.) | |
| **About the Dog You Wish to Adopt** | |
| What is your idea of an ideal Golden Retriever, personality and characteristics? | |
|  | |
| Desired sex: | |
| Male: | Female: |

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| Will you be seeking breeding rights of the dog?  Yes No |

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| --- | --- |
| Where will the dog spend the day? (*describe*) | |
|  | |
| Where will the dog spend the night? (*describe*) | |
|  | |
| Number of hours (average) dog will spend alone? | |
|  | |
| Who will have primary responsibility for this dog's daily care? | |
|  | |
| **Certification:** All of the information I have given is true and complete. | |
| (Signature – Type full name) | (Date) |