



**Dachshund Rescue of Bucks County  
GrandPaws Application**

DRBC GrandPaws Families provide an extremely valuable service in the rescue and sanctuary of the Dachshund Breed. They offer a safe and secure home environment in which our rescue dogs can be loved and cared for in their final years. Dachshund Rescue of Bucks County & NJ [DRBC] considers its GrandPaws Families to be essential to the welfare and well being of its senior and special needs rescue dogs, and wishes the experience to be enjoyable, free of misunderstandings and eminently rewarding.

**GrandPaws Questionnaire**

Contact Information

Name[s]: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone [ ] \_\_\_\_\_ Work Phone [ ] \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at your current address: \_\_\_\_\_

Employer: \_\_\_\_\_ No Yrs: \_\_\_\_\_

Family Information

How many adults are in your household? \_\_\_\_\_

Occupation[s]? \_\_\_\_\_

How many children are in your household? \_\_\_\_\_

What are their ages? \_\_\_\_\_

What type of area do you live in?

City  Suburb  Rural

What type of housing?

Apartment  Condo  Duplex  House  Other

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



Do you rent or own your home? \_\_\_\_\_

If you rent or lease, do you have permission from your landlord to own a dog?

\_\_\_\_\_

[Please attach a copy of your lease or rental agreement, which shows that pets are permitted, and/or a copy of a letter from your landlord granting you permission to have a dog].

What animals do you currently own?

\_\_\_\_\_  
\_\_\_\_\_

What other dogs have you owned and what became of them?

\_\_\_\_\_  
\_\_\_\_\_

What do you know about the dachshund breed?

\_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_

If yes, what is the height of the fence? \_\_\_\_\_

Describe your fence [type, construction, etc.]

\_\_\_\_\_

If you don't have a fence, where and how will the dog be exercised and allowed to eliminate?

\_\_\_\_\_

What member of the family will be taking the MAJOR responsibility for caring for this pet?

\_\_\_\_\_

How many hours a day will the dog be left alone and how will the dog be left?

\_\_\_\_\_

Where EXACTLY will the dog sleep at night?

\_\_\_\_\_

When you go on vacation, where does your dog go and who cares for it?

\_\_\_\_\_

Have you ever trained a dog in obedience?

\_\_\_\_\_

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



Will the dog live in your home? \_\_\_\_\_

Do you believe in dog crates? \_\_\_\_\_

What are the major activities, hobbies, or exercises you and your family most participate in?

\_\_\_\_\_  
\_\_\_\_\_

Veterinary References

Veterinarian Name[s]: \_\_\_\_\_

Veterinary Hospital Name[s]:  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vet's Phone [ ] \_\_\_\_\_ Vet Fax [ ] \_\_\_\_\_

Email: \_\_\_\_\_

Is your current pet[s]:

- Y N Spayed/Neutered
- Y N Up to Date on Vaccinations
- Y N Being treated for any illnesses or conditions
- Y N Behaviorally Challenged

May we call your Vet and ask how you take care of your animals? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Are you willing to allow a representative to periodically visit your home? \_\_\_\_\_

If no, why not? \_\_\_\_\_

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



Personal References

Please list the name, address and phone number of one [1] personal reference [not related] that you have known for at least two [2] yrs:

Name[s]: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone [ ] \_\_\_\_\_ Work Phone [ ] \_\_\_\_\_

Email: \_\_\_\_\_

How long have you know this person: \_\_\_\_\_

Please list the name, address, and phone number of a second personal reference [not related] that you have known for at least two [2] years:

Name[s]: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone [ ] \_\_\_\_\_ Work Phone [ ] \_\_\_\_\_

Email: \_\_\_\_\_

How long have you know this person: \_\_\_\_\_

Read and Sign:

I certify that I am 21 years of age or older and that the completion of this application does not guarantee the placement of a GrandPaws dachshund by DRBC with me.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



### DRBC GrandPaws Care Policy

The person[s] volunteering to serve as a Dachshund Rescue of Bucks County & NJ [DRBC] GrandPaws Family agree to the following:

1. **Duties.** The GrandPaws Family agrees to:

- Provide a safe and loving environment for a Rescue Dachshund.
- Provide any medical treatment [medications as prescribed by DRBC veterinary staff].
- Cooperate fully with the designated DRBC Medical Director on the dog's care and support.

2. **Rescue policy.** The GrandPaws Family will follow all relevant DRBC procedures and guidelines as described by the designated DRBC Medical Director or Rescue Director regarding GrandPaws care, and will make no decisions or actions regarding medical treatment, euthanasia or the animal's placement without prior approval from the DRBC Medical Director or Rescue Director.

3. **Monetary reimbursement.** The GrandPaws Family is not an employee of DRBC but an unpaid volunteer working for the benefit of the dogs they help rescue; therefore, the GrandPaws Family will be reimbursed by DRBC for the following GrandPaws-related expenses resulting from the care of the animal:

- bordatella boosters for any other dogs residing in the GrandPaws home, if desired, and previously approved by the DRBC Rescue Coordinator
- specified dog food [up to a maximum of 20 lbs at a time]
- a leash and collar with identification [if not already supplied]

Any other reasonable and necessary expenditures not resulting from carelessness, abuse, or neglect on the part of the GrandPaws Family will be reimbursed only with the approval of the DRBC Rescue Coordinator. The GrandPaws Family agrees to make every effort to keep expenses billed to DRBC as reasonable as possible, including requesting Rescue discounts for veterinary costs, and taking advantage of coupons and sales.

4. **Local animal laws.** The GrandPaws Family agrees to obey federal, state, county, and municipal laws and ordinances in performing this service.

5. **Family member.** The dog shall reside at the GrandPaws Family's address, and be treated as a household pet and member of the family. It shall be afforded the same love and attention provided to the other household dogs [if any] and maintained in as stress-free an environment as possible.

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



6. **Humane care.** The GrandPaws Family agrees to provide humane care, including but not limited to adequate food, water, shelter, exercise, socialization, grooming and the same level of care as they do their own dogs.

7. **Medical Care.** The dog shall be provided any medical treatment deemed necessary by a DRBC veterinarian or suggested by the DRBC Rescue Coordinator, and the GrandPaws Family agrees to provide any treatment required for the wellbeing of the animal. Examples include dispensing of medication or continuation of behavior training.

8. **Exercise.** The GrandPaws Family shall provide the animal with a securely fenced yard or other humane means of exercise and never allow the dog off lead in unsecured areas. The animal shall never be chained or kept constantly outdoors, nor be crated or on tie-downs for extended periods of time.

9. **Training.** The GrandPaws Family agrees to work with the dog to solve such common behavior problems as pulling on the lead, nuisance barking, destructive chewing or digging or housetraining accidents. The GrandPaws Family shall provide any basic training necessary to the well being of the animal.

10. **Security.** The GrandPaws Family understands that DRBC and its representatives have limited or no information regarding the temperament and habits of the dogs it rescues. The GrandPaws Family will take all reasonable precautions [through the use of crates, tie-downs, leashes, supervision, and common sense] to ensure that the animal does not run loose, become a nuisance, destroy property, injure or be injured by another animal, or injure or be injured by any person or persons. In cases where the dog cannot be neutered immediately [for health reasons, for example], the animal will under no circumstances be allowed to mate. When integrating a dog with resident pets, extreme caution and constant supervision will be exercised to ensure the safety of all animals. Dogs that exhibit dog aggression will be separated by physical barriers [gates, crates, tie downs, doors] to prevent injury.

11. **Evaluation.** The GrandPaws Family agrees to provide the dog with a range of experiences to help determine the temperament, behavior and personality of the dog, and to communicate that to the DRBC Medical Director for help with long-term care.

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



12. **Property rights.** The GrandPaws Family understands that the dog remains the property of DRBC and agrees to relinquish the dog when the time comes to do so. DRBC recognizes and respects the emotional bond a GrandPaws Family develops with a GrandPaws dog. DRBC reserves the right to remove the dog from the home at any time with or without prior notice. The GrandPaws Family shall notify the Medical Director immediately if the dog cannot be kept by the GrandPaws Family. The animal shall not be sold, abandoned, relinquished to a pound or shelter or to any other Rescue group, transferred, or given to any individual, or to any retail or wholesale establishment for the purpose of sale or resale to the public, nor to any research institution where medical experimentation or other practices take place.

13. **Liability.** The GrandPaws Family does hereby release, discharge, and hold harmless DRBC and any person, firm, or corporation charged or chargeable with liability, their heirs, administrators, executors, successors, and assigns, from any and all claims, damages, costs, expenses, loss of services, actions, and causes of actions, whether known or unknown, belonging to the said GrandPaws Family due to any action or occurrence from the date of this agreement arising out of or in connection with the care of a rescue dog, except for those expenses specifically described in item 2.

14. **Attorney fees.** The GrandPaws Family agrees to pay DRBC any and all expenses, including court costs and reasonable attorney fees, in enforcing the terms and provisions of this agreement. DRBC reserves the right to have all legal actions conducted in the Commonwealth of Pennsylvania.

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_



17. **Duration of Agreement.** This Agreement remains in effect until cancelled in writing by the GrandPaws Family or DRBC.

Dachshund Rescue of Bucks County & NJ [DRBC]  
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Morrisville, PA 19067  
<http://www.doxierescue.com>

Cindie Kura  
President & Medical Director  
Tel: 215-736-3338 Fax: 215-493-8383 [kura@doxierescue.com](mailto:kura@doxierescue.com)

The UNDERSIGNED GrandPaws Family hereby acknowledges having read the terms of this Agreement and does hereby agree to abide by each of the rules of care set forth above.

Signature[s] of GrandPaws Family: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Address of GrandPaws Family

Name[s]: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone [ ] \_\_\_\_\_ Work Phone [ ] \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Rescue Coordinator: \_\_\_\_\_

Printed Name of Rescue Coordinator: \_\_\_\_\_

DRBC USE ONLY	Home visit date:
Approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments
Date:	

GrandPaws Family Initial \_\_\_\_\_

Date: \_\_\_\_\_