

Dog Adoption Form

Do you agree to a home visit prior to adoption? **Yes** **No**

If No, please explain:

Personal Information

Name:		
Address:		
City:	Province:	Postal Code:
Contact Information: Home:		Cell:
Work:	Ext :	Other:
E-Mail Address:		

Please list names and ages of all persons living in the house, from oldest to youngest:

Name	Age	Relationship

Are you 19 years or older? **Yes** **No**

Do you rent, own, or live with parents/friends?

If you rent: are you allowed to own pet(s)? **Yes** **No**

Please list your landlord's Name and Phone Number:

Name:

Phone Number:

Who is your veterinarian?

QUESTIONNAIRE

1. Are you choosing this pet for yourself? **Yes** **No**
2. Which dog/puppy are you interested in adopting? Please name.
3. Is it going to be primarily: **Inside** **Outside** **Both**
4. Have you owned pets before? **Yes** **No**
 - a. If yes, please list type of Pets:
5. If you owned animals in the past please explain what happened to them:
6. Please list all pets currently residing in your household:

Type of Pet	Approx Age	Neutered/Spayed? (Yes/No)

(b) If your pets are not spayed/neutered, Please explain why:

8. Have your pets been vaccinated within the past year? **Yes** **No**

a. If you owned pets in the past, were they Spayed/Neutered ? **Yes** **No**

b. Vaccinated/vet checked each year as required? **Yes** **No**

10. Please tell us about yourself and why you'd like to adopt one of our dogs.

11. How much time will you and/or family have to spend with your pet each day?

12. Do you or anyone in your family have allergies to pets? **Yes** **No**

a. If yes, which animals cause the allergies?

13. Who will be primarily responsible for the animal?

14.

Please list all persons, even those who may not reside in the home.

Name	Reside in Home? Y/N	Age	Relationship

14. How active would you like your pet to be?

15. How long will your pet be left alone each day? Please be specific.

a. If the time varies, please explain:

16. What type of home construction do you live in?

17. What size yard do you have, and is it completely fenced?

a. If fenced, how high is it?

18. Where will you keep your pet when you are not at home or at night?

19. If you are adopting a dog, will it be spending time in a crate each day?

20. If the dog requires obedience training are you willing to go through the training process?

21. How often will you walk your dog and for how long?

22. How often are you prepared to visit a veterinarian, both emergency and non-emergency?

23. What kind of food will you feed your pet?

24. If the pet requires special food or has a food preference, are you willing to supply it?

Yes No

25. Will you have your pet spayed or neutered? **Yes NO**

26. What will you do with your pet when you go on holidays?

27. What will you do with this pet if you need to move?

28. How long do you expect to have your Pet?

29. How much grooming do you expect to do?

	Mark choice with X
None	
A little (once every two months)	
Moderate (once every month)	
Lots (once every 1-2 weeks)	

30. How will you deal with and discipline your dog on the following possible issues:

Digging

Accidents in the house

Barking

Chewing

Biting

31. How will your dog be restrained while traveling in a vehicle?
32. Have you ever surrendered a pet to a humane society, SPCA or pound? **Yes** **No**
33. Are you aware of the bylaws of your municipality/district regarding the ownership of pets and abide by them? **Yes** **No**

OFFICE USE ONLY

APPLICATION RECEIVED: _____

HOME CHECK COMPLETED: _____

APPLICATION APPROVED: _____ **APPROVED BY:** _____

DATE: _____