



Adoption Application

Dogs

Name: _____

Address: _____

Telephone: home (_____) _____ cell (_____) _____

Email Address: _____

General Information:

1. Who will have the primary responsibility for this dog? _____
2. Have you had dogs before? Yes No
3. If they are no longer with you, what happened to them?

4. Have you ever surrendered an animal to an animal shelter? Yes No if yes, when? _____

Please tell us about it (include reason for re-homing if animal was re-homed):

5. How many hours of exercise will you give your dog daily? _____
6. What would you enjoy doing with your dog?
 On-leash walking Off-leash walking/dog park Jogging Cycling Other
7. According to the ASPCA, the first year of dog ownership exceeds \$1,650 cad, and averages \$850 cad each additional year. Cost can be much greater if a medical condition arises.
Are you able to undertake this expense? Yes No

Family Profile:

1. Number of adults in the home (18+)? _____
2. Number of children in the home?
_____ Ages 0-7 _____ Ages 8-13 _____ Ages 14-18
3. Any visiting children? Yes No Their ages:

4. Any animal allergies in the family? Yes No If yes, please identify them?

5. How active are you and your family? Very busy Busy Not busy
6. How would you describe household? Please check all that apply. Loud Quiet Very active Sedate
7. Are you planning on any of the following in the next 4 weeks?
 - Moving Holiday Change in family schedule
8. Where will your dog stay when you are away on holidays?
 - At home with care Boarding Other: _____

Your Home Profile:

1. What type of home do you live in? Acreage House Apartment/Condo
2. Do you: Own Rent
3. If you rent, do you have your landlord's permission to have pet? yes no

If yes, landlord's contact information for verification and, if applicable, obtain a copy of condo by-laws authorizing animals:

Landlord Name: _____ Phone number: (_____) _____

Email Address: _____

4. On average how many hours will your dog be alone on:
 - Weekdays _____ Weekends _____
5. Where will your dog stay during the day when you are not at home?
 - Loose in house Crated inside Garage (heated) Garage (unheated)
 - Fenced kennel/run Fenced yard Loose outside (no fence) Other: _____
6. Where will your dog spend the night?
 - Loose in house Crated inside Garage (heated) Garage (unheated)
 - Fenced kennel/run Fenced yard Loose outside (no fence) Other: _____

OUR OTHER PETS:

1. Are there other dogs in your household? Yes No

If yes:

Name	Breed	Age	Sex	Spayed or Neutered?
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n

2. Do you have other pets (other than dogs) in your household? Yes No

If yes, please list them:

Name	Type	Age	Sex	Fixed?
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n
				<input type="radio"/> y <input type="radio"/> n

3. Please provide the name and phone number of your veterinarian _____

4. Do we have your permission to contact your veterinarian? Yes No

Please tell us what you are looking for:

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference
Coat: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/> Non-shedding <input type="checkbox"/> No preference
Age: <input type="checkbox"/> Puppy <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> No preference
Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> No preference

Breed/Type/Colour:

PROBLEMS YOU ARE WILLING TO WORK ON

- Separation anxiety Excitability Mild aggression Obedience House training Fearfulness
 Reaction to other dogs Barking Vocalization
 I am not willing to work on any problems
 I need more information to decide

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME DOGS WILL REQUIRE TRAINING – tell us about your experience with dogs.			
	AGREE	DISAGREE	UNCERTAIN
I need a dog that is already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of experience and could handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have used both positive and negative reinforcement training methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under what circumstances would you return your dog? <input type="checkbox"/> Moving <input type="checkbox"/> Too costly <input type="checkbox"/> New baby <input type="checkbox"/> Aggression <input type="checkbox"/> Medical reasons <input type="checkbox"/> Not enough time <input type="checkbox"/> Behaviour problem Comments:			
Have all the members of your household met the dog (people and other pets) you would like to adopt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of neglect or cruelty to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For some of our animals, home visits facilitate a successful adoption. When would be a good time for an SPCA rep to meet with you at your home? Days of week _____ Time period _____			

**FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION.
THE BOW VALLEY SPCA RESERVES THE RIGHT TO REFUSE ANY APPLICANT.**

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship.

Applicant signature:

Date:

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT DOG FOR YOUR FAMILY.**