

Adoption Application

Dogs

Na	me:
Ad	dress:
Tel	lephone: home ()cell ()
En	nail Address:
Ge	neral Information:
1. 2. 3.	Who will have the primary responsibility for this dog? Have you had dogs before? • Yes • No If they are no longer with you, what happened to them?
	Have you ever surrendered an animal to an animal shelter? • Yes • No if yes, when?
5. 6.	How many hours of exercise will you give your dog daily? 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
Fa	mily 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?
	o Moving o Holiday o Change in family schedule
8.	Where will your dog stay when you are away on holidays?
	○ At home with care ○ Boarding ○ Other:
You	ur 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? o yes o no
-	es, landlord's contact information for verification and, if applicable, obtain a copy of condo by-laws authorizing mals:
Lan	ndlord Name: Phone number: ()
En	nail 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)
	o Fenced kennel/run o Fenced yard o Loose outside (no fence) o Other:
6.	Where will your dog spend the night?
	○ Loose in house ○ Crated inside ○ Garage (heated) ○ Garage (unheated)
	o Fenced kennel/run o Fenced yard o Loose outside (no fence) o Other:
ΩU	D ATHED DETS.

OUR OTHER PETS:

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

If yes:

Name	Breed	Age	Sex	Spayed or Neutered?
				\circ y \circ n
				\circ y \circ n
				\circ y \circ n

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

If yes, please list them:

Name	Туре	Age	Sex	Fixed?
				\circ y \circ n
				\circ y \circ n
				\circ y \circ n

3. Please provide the name and phone number of your veterinarian
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4. Do we have your permission to contact your veterinarian? • Yes • No

Please tell us what you are looking for:

i icase ten as what you	are rooming for.				
Sex: Female	□Male	□No preference			
Coat: Short	□Medium	□Long	□Non-shedding	□No preference	e
Age: □Puppy	□Adult	Senior	□No preference		
Size: □Small	□Medium	□Large	□ No preference		
Breed/Type/Colour:					
PROBLEMS YOU ARI	E WILLING TO	WORK ON			
□ Separation anxiety □ Reaction to other dog □ I am not willing to w problems □ I need more informat	gs Barking ork on any	☐ Mild aggressi☐ Vocalization	on □Obedi	ence □House trainin	g □Fearfulness
I WOULD LIKE MY			ERY RTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Be friendly with childr	en				
Be friendly with other	dogs				
Be friendly with cats					
Be friendly with me					
Be friendly with visitor	rs to the house				
Enjoy being groomed					
Enjoy being held					
Enjoy being petted					
Be calm					
Be playful					
Be quiet					
Be independent					
Never wake me up at n	ight				
Never show aggressive	behaviour				

	AINING – tell us about your ex	perience with dogs.	
	AGREE	DISAGREE	UNCERTAIN
I need a dog that is already trained			
I am first time dog owner			
I have obedience trained before			
I have lots of experience and could handle a difficult dog			
I have used both positive and negative reinforcement training methods			
☐Moving ☐Too costly ☐New baby Comments:			☐Behaviour problem
Have all the members of your household	met the dog (people and other pet	s) you would like to adop	ot?
Have you ever been convicted of neglect	or cruelty to animals? Yes	□No	
For some of our animals, home visits factorized with you at your home?	-	-	for an SPCA rep to
	-	en would be a good time Time period	for an SPCA rep to
meet with you at your home? Days of the properties of the propert	f week EAD TO AUTOMATIC REJEC S THE RIGHT TO REFUSE AN	Time period TION OF THE APPLI	CATION.
meet with you at your home? Days o	f week EAD TO AUTOMATIC REJECT THE RIGHT TO REFUSE AN ee and evaluate the dog for mysel	Time period TION OF THE APPLINY APPLICANT. If before agreeing to adop	CATION. otion. The

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