

# DOG ADOPTION APPLICATION

Name(s) of the dog(s) the applicant is interested in:

## CONTACT INFORMATION\*

*\*Information of individual(s) who will have legal responsibility for the adopted animal. Must be 18 years of age or older.*

First Name:  Last Name:

Address:

City:  Province:  Postal Code:

Cell Phone:  Alternate #:

Email:   Home  Work  Other Cell

Please indicate your preferred method of contact:  Cell #  Alternate #  Email

## GENERAL INFORMATION

1) Who will have primary responsibility for this dog?

2) Why do you want to adopt a dog? (check all that apply)

- Companion for yourself  Companion for a child  Companion for another person  
 Companion for another pet  Working (i.e. farm, sled)  Security  
 Service/ESA animal  Other:

3) Have you previously had pets before?  Yes  No

If yes, please list any animals you have had in the past 5 years:

If your dogs or other pets are no longer with you, what happened to them?

4) Have you ever surrendered or rehomed an animal?  Yes  No

If yes, please explain the situation (including when and the reason for the surrender/rehoming):

## FINANCIAL CONSIDERATION\*

\*Note: this is not a financial assessment. It is intended to generate awareness and a conversation around the cost of pet ownership.

The financial expense of owning a dog is worth careful consideration. The annual cost (including food, supplies, vet care) ranges from \$2,500 to \$4,000 (CAD).\*\* Approximately \$1,200/year is for food alone (approximately \$100/month). Cost can be much greater if medical need(s) arise. Inflation also plays a role.

\*\*Cost statistics estimated based on reports from Calgary Humane Society and Statista.com (2022 ownership costs).

- 1) Are you able to undertake this expense?  Yes  No
- 2) Pet ownership includes unexpected (and significant) expenses, at any life stage. What is your plan for these?
- Income  Savings  Family/friend support  Financing  Pet Insurance
- Re-homing/surrender  Other:

## HOUSEHOLD PROFILE

- 1) Please indicate the number of people, according to age, in the home.
- Infants/Toddlers (Ages 0 - 4)  Children (Ages 5 - 12)  Teenagers (Ages 13 - 17)  Adult (Ages 18+)
- 2) Will there be any visiting children?  Yes  No
- If yes, what are their ages?
- 3) Are there any allergies to animals in the household?  Yes  No
- If yes, please identify them:
- 5) How would you describe your household? (check all that apply)
- Loud  Quiet  Lots of visitors  Minimal visitors  Busy  Not busy
- 6) Are you planning on any of the following within the next 4-8 weeks?
- Moving  Holiday  Change in schedule  No upcoming changes
- 7) If you go on holidays, or are away from home for extend periods, how will your dog be cared for?
- At home with care  Boarding Facility  Other:
- 8) How physically active are you and your household?
- Extremely  Very  Moderately  Slightly  Sedate
- 1) Are there currently other dogs, cats or other animals in your house?  Yes  No

Name	Type & Breed	Age	Sex	Spayed / Neutered
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

## LIVING ACCOMODATION

1) What type of home do you live in?

Acreage  House  Condo/apartment  Room in house  Other:

2) Do you...  Own  Rent

Do you have your landlord's permission to have a pet?  Yes  No  N/A

Please provide your landlord's contact information for verification **(required for adoption)**.

*If applicable please also obtain a copy of the condo by-laws authorizing animals in your unit.*

Landlord Name:

Phone #:  Email:

3) On average, how many hours a day will your dog be alone for on...  Weekdays  Weekends

4) Where will your dog stay when... *(check all that apply)*

A) You are at home:

Loose in home  In a room  Crated inside  Crated outside  
 Garage (heated)  Garage (unheated)  Fenced kennel/run  Fenced yard  
 Loose outside (no fence/run/crate)  Other:

B) You are at work or otherwise not at home:

Loose in home  In a room  Crated inside  Crated outside  
 Garage (heated)  Garage (unheated)  Fenced kennel/run  Fenced yard  
 Loose outside (no fence/run/crate)  Other:

C) You are sleeping:

Loose in home  In a room  Crated inside  Crated outside  
 Garage (heated)  Garage (unheated)  Fenced kennel/run  Fenced yard  
 Loose outside (no fence/run/crate)  Other:

## OVERVIEW OF CARE

1) What would you enjoy doing with your dog?

On-leash walking  Off-leash walking  Off-leash dog park  Jogging/running  
 Cycling  Hiking  Other:

2) How many hours of exercise will you give your dog a day?

4) How do you plan to manage your dog's oral health? *(check all that apply)*

Brushing  Diet/dental chews  Chew toys  Bones/antlers  
 Veterinarian visits  Other:

5) Do you have a veterinarian (past or present)?  Yes  No

Do we have permission to contact your veterinarian?  Yes  No  N/A

If yes, please provide your veterinarian's contact information.

Clinic/Hospital Name:

Veterinarian:  Phone #:

# EXPRESSION OF INTEREST

1) What physical traits are you looking for in a dog?

**Sex:**  Female  Male  No preference  
**Age:**  Puppy  Adult  Senior  No preference  
**Size:**  Small  Medium  Large  No preference  
**Coat:**  Short  Medium  Long  Non-shedding  No preference  
**Breed/Type/Color:**

2) Please tell us what personality is important to you in a dog.

I would like my dog to...	Very Important	Somewhat Important	Not Important
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 other animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held and/or cuddled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy affection (eg. being petted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be easy to handle for medical reasons/care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<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"/>
Be outgoing	<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"/>
Other (please explain)	<input style="width: 100%; height: 100%;" type="text"/>		

# TRAINING & BEHAVIOUR

1) Some dogs will require training. Please tell us about your experience with dogs:

My experience with dogs is that...	Agree	Disagree	Uncertain
I am a first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have walked / dog-sat before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need a dog that is already trained	<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"/>

2) What training methods best represent your approach or plan? (check all that apply)

- Positive reinforcement
- Balanced approach
- Relationship-based training
- Dominance/Alpha Theory
- Clicker training
- Tools (e-collars, prong collar, leash correction)
- Unsure. I need more information about these methods before I can answer.

3) What problems are you willing to work on? (check all that apply)

If you do **not** select a problem, it means you are **unwilling** to work on that issue.

- Separation anxiety
- Excitability
- Obedience
- House training
- Aggression
- Fearfulness
- Prey drive
- Barking/Vocalization
- Reaction to other dogs
- Reaction to strangers
- I am not willing to work on any problems.
- Unsure. I need more information before I can answer.

4) Under what circumstances would you give up (return, surrender, rehome) your dog?

- Not enough time
- Moving/change in living situation
- Too costly
- Behaviour problem
- Medical reasons of pet
- Aggression
- New pet in the home
- New baby/family member
- None. I am willing to work on all issues that arise. I do not intend to give up my dog.

If you check any items above, please elaborate on **each** item you checked:

5) If you are unable to care for your dog due to circumstances outside your control (i.e. change in household structure, medical limitations, unexpected financials, lifestyle change, etc.) do you have a plan for your animal to be safe and cared for?  Yes  No

Please elaborate:

## OBLIGATIONS & LEGALITIES

1) Rescue animals will experience an adjustment period which can last from 3 weeks to 3 months or longer. During this transitional settling-in period, your new pet may display new behaviours, prior behaviours may temporarily escalate, or they may shut down until they feel safe. What steps do you plan to take to ease this decompression and adjustment period, and to work through possible challenges that may arise?

2) For some of our dogs who have specific behavioural and/or medical needs, home visits facilitate a successful adoption. This is determined on a case-by-case basis. Are you willing and able to accommodate a scheduled visit from a BVSPCA representative as part of your application?  Yes  No

3) Have you ever been convicted of neglect or cruelty to animals?  Yes  No

4) I understand that it is my responsibility to attend mandatory meet-and-greets with the dog I am seeking to adopt, as coordinated by the BVSCPA Centre Manager. 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 Initials:* \_\_\_\_\_

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

I certify that the information presented in this application is complete to the best of my knowledge and ability. I understand that any falsified or misleading information will lead to the rejection of my adoption application.

*Applicant Initials:* \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant Name (printed)*

\_\_\_\_\_  
*Signed date*

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.  
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT DOG.**  
Our adoption manager will be in touch to let you know the status of your application.