Dog Adoption Application

Please be advised a home visit may be requested before this application can be processed.
We reserve the right to refuse this application.

Animal's Name: _____ Avid Chip #: _____ Staff Name: _____

Date Application Received: _____

Name: _____ Home Phone: (_____)_____

Alternate Phone: (_____) _____ Email Address: _____

Mailing Address: _____ Physical Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

How much time and thought have you put into welcoming a new pet into your home?

_____

What do you feel are the most important responsibilities in owning a dog?

_____

Whom are you adopting this pet for? _____

Who will be the primary care giver for this animal? _____

How much time do you plan to spend with your new pet? _____

Have all family members been introduced to the pet, including other dogs? ☐ Yes ☐ No

How many adults are in your household? _____ Do you have children and what ages? _____

Are any family members allergic to dogs? ☐ Yes ☐ No

Are there any regular visitors to your home, human or animal, with which your new dog must get along?

☐ Yes ☐ No If yes describe. _____

Do you own other pets? ☐ Yes ☐ No Are they spayed/neutered? ☐ Yes ☐ No

Give breed, species, sex, and age: _____

Do you have a regular veterinarian? ☐ Yes ☐ No

Give name and phone #: _____

Can we contact them regarding the care of your pets? _____

How many dogs have you owned in the last five years, and where did you obtain them?

_____

_____

What happened to the dogs? (be specific) _____

Why did you chose this breed/dog? _____

For what reasons would you like to adopt this dog? ☐ Companion ☐ Guard ☐ Agility

☐ Hunting ☐ Obedience ☐ Other _____

Where will the dog spend the day? ☐ Loose indoors ☐ Crate ☐ Basement ☐ Garage ☐ Fenced Yard

☐ Loose outdoors ☐ Kennel Run ☐ Tied Up Outside ☐ Other _____

Where will the dog spend the night? ☐ Loose indoors ☐ Crate ☐ Basement ☐ Garage ☐ Fenced Yard

☐ Loose outdoors ☐ Kennel Run ☐ Tied Up Outside ☐ Other _____

How many hours, on average, will the dog spend alone? _____

How much do you estimate the veterinary costs will be annually for this pet? _____

Do you own or rent your home? ☐ Rent ☐ Own

If rent, do you have the landlord's permission to keep a dog? ☐ Yes ☐ No

Landlord's name and phone number: _____

Do you live in a: ☐ House ☐ Apartment ☐ Trailer ☐ Condo ☐ Other:

How long have you lived at this address? _____

Do you have a fenced yard? ☐ Yes ☐ No List fence height and type: _____

If no fence, how will you handle dog's exercise and toilet duties? _____

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

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

What behaviour problems are you willing to tolerate and work on? ☐ Barking ☐ Chewing ☐ Separation Anxiety

☐ House breaking Problems ☐ Jumping Up ☐ Shedding ☐ Digging ☐ Property Damage ☐ Mouthing

How would you resolve these issues? _____

Under what circumstances would you return this animal? ☐ Moving ☐ New Baby ☐ Divorce ☐ New Relationship

☐ High Cost Of Animal Care ☐ Allergies ☐ Vacation ☐ Retiring ☐ Aggression ☐ Other _____

Have you ever surrendered a pet to any SPCA or other organization in the past? ☐ Yes ☐ No. If yes please indicate the reasons.

_____

Are you aware of the existing bylaws that pertain to animals in your community? ☐ Yes ☐ No

Have you made arrangements to spend a few days with this animal as it becomes accustomed to its new environment?

☐ Yes ☐ No If no, why not? _____

Would you be willing to let a representative of the FSAS or an SPCA visit your home by appointment? ☐ Yes ☐ No

If No, why not?

_____

Have you ever been charged with neglect or cruelty to animals? ☐ Yes ☐ No

FALSIFIED ANSWERS WILL LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION

Applicants Signature: _____ Date: _____