

# 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: \_\_\_\_\_