

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: _____