

Dog Adoption Application



Name of dog interested in adopting (REQUIRED): _____

Applicant's Name: _____ Partner's Name: _____

Address: _____ Apartment/Unit Number: _____

City: _____ Postal Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____
 Home Cell Work Home Cell Work Partner's

Email Address: _____

Please list an emergency contact that **does not live in your household**.

Emergency Contact Name: _____

Relationship to Applicant: _____ Phone Number: _____

Please list the names, ages, relationships, and occupations of each person living in your household **including yourself**.

First & Last Name	Age	Relationship to Applicant	Occupation
		Applicant	<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Working <input type="checkbox"/> Student <input type="checkbox"/> Other: _____

Who will be the primary caregiver for this pet? _____

Does anyone in your household show signs of allergies to dogs? Yes No Sometimes Unsure

What type of dwelling do you currently live in? House Semi-Detached/Townhouse Condo /Apartment Other: _____

If you have a yard, is it fenced? Yes No How high is the fence? _____ What is the material? _____

Please list current and previous pets, including pets that have passed on. Select the appropriate response for each.

Pet Name	Animal Type & Breed	Age	Sex	Spayed/Neutered	Declawed	Indoor/outdoor	Where is pet?	Ownership
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____
			M	YES	YES	IN	Still own	My pet
			F	NO	NO	OUT	Deceased	Childhood pet
						BOTH	Other: _____	Other: _____

*If needed, additional pet information can be included on separate paper or via email

1. Have you ever had to give up an animal? If so, please explain the circumstances:

2. In order to feed, provide medical and daily care for my new pet, I am prepared to spend the following per year: _____

3. a) Please list the name(s) of the veterinary clinic(s) your pets have seen:

b) When were their last vaccinations (month and year): _____

4. Understanding that all dogs may have unexpected medical needs, I am comfortable adopting a dog (check all that apply):

- With no current health issues Eating a vet prescribed diet Taking medication With ongoing medical conditions

5. How often do you plan to take your new dog in to the vet?

- Once every couple of years Annually or more often When sick Not sure
 Other: _____

6. My dog will need to get along with (check all that apply):

- Infants Visitors My household Cats
 Children Everyone they meet Dogs Small Animals (rabbit, etc.)
 Other: _____

7. I would like my new dog to be (check all that apply):

- A family companion For guarding/protection A service/therapy dog Other: _____

8. I am looking for a dog that is:

- High energy (likes to be kept busy throughout the day and is very active)
 Moderate energy (is happy with 1 to 2 walks a day)
 Low energy (is a couch potato)
 Other: _____

9. What would a typical day for your new dog look like (e.g. a day where you are at work or following your normal routine)?

10. How many hours a day will your new dog be left alone? _____

11. When I am **NOT** home, my new dog will be (check all that apply):

- Outdoors In an outdoor run/pen Allowed free access to home
 In the garage On a tie out At dog day care
 In a crate Confined to a room in home With a sitter or dog walker
 Other: _____

12. In my free time, I plan to spend time with my new dog in the following ways (check all that apply):

- Hiking Jogging Relaxing at home
 Off leash Dog park Playing with dog friends
 Fetch Visiting family/friends Going for walks
 Other: _____

13. When I am at home, my new dog will be (check all that apply):

- Outdoors In a crate On a tie out Allowed free access to home
- In the garage In an outdoor run/pen Confined to a room in home Wherever I am
- Other: _____

14. At night, my new dog will be (check all that apply):

- Outdoors In a crate On a tie out Allowed free access to home
- In the garage In an outdoor run/pen Confined to a room in home Wherever I am
- Other: _____

15. When it comes to training my new dog, I am comfortable with a dog that (check all that apply):

- Will require very little training on my part
- Will need to be house trained
- Will require basic obedience training
- Will require ongoing training to modify difficult behaviours (e.g. resource guarding, dog reactivity, separation anxiety, etc.)
- Will enjoy advanced training (agility, flyball, herding, rally obedience)

16. Please describe how you would handle the following behaviours in detail:

A) Jumping up, mouthing and nipping

B) Barking and lunging at another dog while on leash

C) Pulling on leash (please include what walking equipment you would use)

D) Guarding an item (e.g. food bowl, bone, toy, stolen item, etc.)

17. Please list any dog trainers, training schools, books or other resources that you have used or referenced:

18. Do you plan to take your new dog to training classes or lessons? Yes No If required

If you answered yes, do you have a trainer in mind? _____

19. Behaviours that I am not willing to work with or situations that would cause me to return this animal are (check all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Chasing cars/animals | <input type="checkbox"/> Dog reactivity | <input type="checkbox"/> Shedding |
| <input type="checkbox"/> Guarding food/toys | <input type="checkbox"/> Fearfulness | <input type="checkbox"/> Jumping on people | <input type="checkbox"/> Too difficult to train |
| <input type="checkbox"/> House soiling | <input type="checkbox"/> Grabbing clothes/limbs | <input type="checkbox"/> Fighting with other pets | <input type="checkbox"/> Too time consuming |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Destructive chewing | <input type="checkbox"/> Mouthing/biting | <input type="checkbox"/> Medical issues arise |
| <input type="checkbox"/> Willing to work with all | <input type="checkbox"/> Other: _____ | | |

20. Please explain why this dog is the right fit for you/your family.

***Things to consider may be your lifestyle, your expectations of a new pet, any ongoing training that this dog may require, and the specific medical and behavioural needs of the dog you are applying for.


21. Is there anything you would like more information on? (e.g. dog trainers in my area, breed specific needs, etc.)

22. If I move, I will:

- Take it with me Find it a new home Give it to a family member Surrender it to an animal shelter

By signing below:

- I certify that I am at least 18 years of age and have the knowledge and consent of all adults living in my household.
- I certify that the information I provide on this application is true and complete. I authorize the investigation of all statements contained on this application and understand that the Oakville & Milton Humane Society has the right to deny my request to adopt an animal.
- I understand that this application is the property of the Oakville & Milton Humane Society.
- I understand that the Oakville & Milton Humane Society may contact my veterinarian and I authorize access to any records held by that office in regards to my current and past pets.

Signature:  _____ Date: _____

FOR OFFICE USE ONLY :

Animal Name(s): _____ SB#/Location: _____

Date/Time Submitted: _____ Submission Method: _____

Adoption Phone Meeting : _____ Adoption PU: _____

Drivers Licence: _____ Confirmed address SB