



## Dog Adoption Application

\*\*\*Adopting a dog is a lifetime commitment. Please complete this form to assist us in determining whether the dog you want is suitable for your home and lifestyle. When selecting a dog to adopt, it is important to bring your entire family, including your current pets to meet the animal. All information collected on this application is kept confidential.\*\*\*

**Date of Application:** \_\_\_\_\_

**Name of Dog:** \_\_\_\_\_

**Why do you want to adopt this particular dog:** \_\_\_\_\_

\_\_\_\_\_

### **Conditions:**

- Applicants must **call back** after 24 hours to activate the application.
- If there is no correspondence to the shelter within 48 hours of filling out the application, it becomes void.
- We do not adopt to individuals under the age of 21.
- If you are pregnant, please consider the possibility of allergies developing in your newborn **BEFORE** adopting a pet.
- This application is not a test, and there are no wrong answers. We are only trying to find the most suitable, caring, permanent homes for the animals in our care, and the most appropriate and compatible pets for adopters and their families.
- Spaying or neutering any pet that comes from the Humane Society Dawson is mandatory.
- The Humane Society Dawson reserves the right to refuse adoption to any individual. We will not release the reason for refusal.

★I, \_\_\_\_\_, **have read and understand application conditions.**

Full Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Box #: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (Hm): \_\_\_\_\_ (Wk): \_\_\_\_\_



**1. Reason for adopting (please check):**

- Playmate for Child    Pet and Companion    Companion for Other Pet    Guard dog  
 Other: \_\_\_\_\_

**2. Who are you adopting for?**

- Yourself    Someone else (please indicate): \_\_\_\_\_

**3. Are you 21 years old or over?**

- Yes    No   Date of birth: \_\_\_\_\_

**4. Do you live in a:**

- House    Apartment    Acreage    Mobile Home    Condo

**5. Do you:**

- Rent    Own    Shared

**If you rent, does your landlord permit dogs?**    Yes    No

Landlords Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**How many people live in the household? :**

Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**6. Do you have a yard?**

- No    Fenced    Not fenced    Partially Fenced   Height of fence: \_\_\_\_\_

**7. Where will the dog be housed during the day?**

- Inside    Outside    Both

**8. How long will your dog be alone during the day?**

---

**9. Where will your dog be housed at night?**

- Outside    Crate indoors    Loose Indoors    Other:

**10. Do you currently have any other pets?**

- Yes    No

**11. Please provide details (Age, sex, species, etc):**

---



**12. Are your current pets' vaccinations up-to-date?**

Yes  No

**13. Are your current pet's spayed or neutered?**

Yes  No

**14. If you answered yes to either question 12 or 13, are you able to provide certificates if requested by HSD?**

---

**15. If you answered no to either question 12 or 13, please explain why:**

---

**16. How much exercise will your dog get per day?**

---

**17. If you do not currently have pets, have you had any in the past?**

Yes  No

**18. If "yes," what became of them?**

Gave away (Why?): \_\_\_\_\_

Passed Away (How): \_\_\_\_\_

Other: \_\_\_\_\_

**19. Have you previously adopted from an animal shelter?**

Yes  No

**20. Would you permit a home visit by our staff to ensure a good placement for the dog?**

Yes  No

**21. How often do you think your dog should see a veterinarian?**

---

**22. How much do you expect to spend annually on your dog?**

---

**23. Are you aware of City Bylaws regarding dogs at large (loose dogs)?**

Yes  No



**24. Are you aware of City Bylaws regarding dogs required to have licence tags?**

Yes  No

**25. When will you be ready to accept this dog into your home?**

**By signing here, I certify that the information I have provided is true.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HSD Rep: \_\_\_\_\_

**1. Personal Reference:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_

**2. Personal Reference:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship \_\_\_\_\_