



DOG ADOPTION APPLICATION

Box 640 411 St Agnes Street West Azilda ON P0M 1B0
705-673-3647 Fax 705-983-5147 shelter@gsshelter.ca

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: Alt Phone: _____

Email: _____

For Office Use Only

Date: _____

Shelter: Rainbow District Staff Name: _____

Dog's Name: _____ Pet Number: GSAC _____ A

Approval: Yes No Pending
Reason: _____

Your Family

1. Who are you adopting this dog for?

Self Friend Other _____

2. Have all members of your household been introduced to the dog? Yes No

3. No. adults at home? _____ adults 18+ yrs

4. No. children at home? _____ 0-7yrs _____ 8-17yrs

5. Any visiting Children? Yes No Ages: _____

6. How often do they visit?

Daily Weekly Monthly Annually

7. Any allergies to dogs in your family? Yes No

8. How busy is your family? Very A little
 Not at all Sometimes

9. How would you describe yourself?

Nervous Loud Calm Quiet

10. How would you describe other people in your house?

Nervous Loud Calm Quiet

11. Are you planning on the following in the next month?

Moving Holiday Change in Schedule

12. Where will your dog stay during holidays?

At home with care Boarding Other

Your Pets

1. Who will be the dog's primary caretaker?

2. Have you had dogs before? Yes No

3. What happened to them? _____

4. Have you ever surrendered a pet to the SPCA or another organisation? No Yes

If yes....Reason? _____

5. How much daily exercise can you give your dog?

Week: _____ Weekend: _____

6. What would you enjoy doing with your dog?

On leash Walking Swimming Off leash park

Jogging Cycling Other: _____

7. Do you have the landlord's permission to have pets?

Yes No

8. Please give name & phone number

9. Approximately how much do you think your dog will cost you per year?

Vet _____ Food _____ Boarding _____

Your Home

1. What type of home do you live in?

Own Rent Acreage House Apartment

Other _____

2. Do you have a yard?

Fenced Not fenced Partly fenced

Wood Chain Link

Other _____ How high is your fence? _____

3. Where will your dog stay during the day/night?

Loose in the house Tied outside Garage Crate

Loose outside Kennel run With me

Other: _____

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

Week: _____ Weekend: _____

5. Where will your dog stay during the night?

Crate in bedroom Loose Garage Outside

Other: _____

Other Pets

1. Do you have other dogs? How Many? _____

Male Neutered Female Spayed

Breed Type: _____

2. Do you have other pets? How Many? _____

Cats Birds Other _____

3. Do you have a family veterinarian?

Yes No

4. Please provide name and phone number

Vet Contact Information: _____

Desired Physical Characteristics

1. Sex

Male Female Either

2. Coat

Short Medium Long Either

3. Age

Puppy Adult Senior Either

4. Breed/Type/Colour?

Problems you are willing to work on?

Separation Anxiety Excitability Mild Aggression

Obedience House Training Fearfulness

Barking Vocalizing

I am not willing to work on any problems

I need more information to decide.

I would like my new dog to:	Very Important	Quite Important	Not Important
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being patted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some of our dogs require training	Yes	No	Not Sure
I need a dog that is already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of experience and could handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under what conditions would you return your dog?

Moving Sick Dog Not enough time Too costly
 New baby Behavioural problems Aggression

Please give us any other information that might be important to help us make a better match

I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adoption. This dog will reside in my home as a companion. I will provide him/her with adequate food, water, shelter, training, affection and medical care. All of the information I have given above is true and complete. I am in full agreement with the Rainbow District Animal Control - Wenrick Kennels Inc. terms of adoption. The Rainbow District Animal Control - Wenrick Kennels Inc. is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog into my household.

Falsified information will lead to automatic rejection of the application -We reserve the right to refuse any applicant

Have you ever been convicted of neglect or cruelty to animals? Yes No

Are you willing to have a RDAC & SS representative do a home visit by appointment? Yes No

If no, why not?: _____

Applicant Signature: _____ Date: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
THIS INFORMATION WILL HELP US MATCH YOU WITH THE RIGHT DOG FOR YOUR FAMILY

All Responses Are Kept Strictly Confidential