



**Dog Adoption Application**

**(PLEASE CIRCLE ANSWERS WHERE APPLICABLE)**

**TODAY'S DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHELTER NAME OF ANIMAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. CASE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**NAME OF APPLICANT(print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**COMPLETE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**HOUSING: Rent or Own TYPE: House Condo Apartment Farm Other\_\_\_\_\_\_\_\_\_\_\_\_.**

**Landlord's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Phone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**How many individuals are living with you at this location?\_(Please include children who at any time stay with you in the home.)**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF PETS LIVING WITH YOU?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dog/Cat** | **Age** | **Male or Female** | **FIXED?** | **Length of Ownership** | **Indoor or Outdoor** |
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**Please list all previous pets, length of ownership and reason for termination of ownership:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Animal: (Cat, Dog etc.)** | **Length of Ownership:** | **Reason for Termination of Ownership: (Death, rehoming, lost etc.)** | **Explanation:** |
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How would you describe your living environment: **Calm & Quiet Not Too Hectic Very Busy**

Do you or anyone living with you have asthma or allergies? **Yes OR No**

Have you ever been denied an adoption in the past? **Yes OR No**

If yes, please explain why: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Is this your first pet? **Yes OR No**

Did you know a dog's lifespan can be up to 15 years or more? **Yes OR No**

Are you aware pet expenses of daily care can be as much as $500.00 or more annually? **Yes OR No**

Are you prepared for the daily tasks of walking, feeding, grooming, obedience training and playtime for a dog?

**Yes OR No**

Will this pet be an: **Indoor pet Outdoor pet Indoor and Outdoor pet**

If indoor/outdoor, please explain: (ie. Only outside for short periods to go to bathroom, outside all day when away from home, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Will you allow this pet to run at large unsupervised? **Yes OR No**

Are you aware of the City of Estevan Bylaw that states **NO** domestic animal shall be allowed to run at large and must be under the control of the owner at all times? **Yes OR No**

Length of time this pet will be alone? **0-4hrs 4-8hrs 8-12hrs 12hrs+**

Is your yard fenced? **Yes OR No**

Height of fence: **Less than 4ft 5ft 6ft 10ft or Higher Fully enclosed area (size?)\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Fencing type: **Wood or Plastic Panel Chain Link Concrete Wrought Iron None**

**Other (explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If your dog developed a behavior or obedience problem would you: **Re-home Obedience Training Nothing**

Do you intend on exercising your pet by taking it for regular walks and engaging in play sessions? **Yes OR No**

If this pet is intact, do you plan to spay or neuter it within the 45 days of adoption or when age appropriate?

**Yes OR No**

***(Female and Male dogs reach sexual maturity at 6 months and can be sterilized)***

If the answer is **NO**, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you plan on relocating or leaving for a vacation, what will you do with your pet?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you know the pet owner is responsible for picking up their pet's excrement immediately from any property other than their own, even if a public park or area? **Yes OR No** I agree to this: **Yes OR No**

Energy level desired: **Low (lap dog) Medium (playful) High (active)**

**Multiple applicants for the same animal at the Estevan Humane Society will be reviewed and carefully considered.**

The decision will be based on what is best for the individual animal, taking into account their needs based on behaviour, personality and health. We want the best possible placement to ensure a healthy and happy pet that will be well adjusted and comfortable in their new home. The Estevan Humane Society is entitled to ask further questions if needed and to check my residence to ensure accommodations are suitable for the pet. It is up to the discretion of the Estevan Humane Society to approve or deny any application for adoption.

Please list two references for referral and phone number

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be comfortable with follow up contact/visit, please circle : **YES NO**

My signature confirms that all information is current, correct and accurate to the best of my knowledge. I am fully aware that any false or incomplete statement is proper grounds for adoption denial.

**Applicant's Name (print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant's Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**