

Dog's Name \_\_\_\_\_ Date \_\_\_\_\_

### Dog Adoption Application Form

Name: \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Alternate phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Who will be the primary care giver for this animal? \_\_\_\_\_

Number of adults in household \_\_\_\_\_ Number of children and ages \_\_\_\_\_

Do you own other pets? Yes / No Are they spayed/neutered? Yes / No

If you own cats, have they been socialized with dogs? Yes / No

Do you have a regular vet? Yes / No Name and phone # \_\_\_\_\_

For what reasons would you like to adopt this dog: companion; for the children; other reasons? \_\_\_\_\_

How much time/day would the dog be home alone? \_\_\_\_\_

Will dog have access to a section of yard? \_\_\_\_\_ Is your yard fenced? \_\_\_\_\_

Own or rent your home? \_\_\_\_\_ Landlord's name/ phone number: \_\_\_\_\_

Could you be at home for a few days following adoption to allow the dog to adjust? Yes/No

Are you aware of the existing bylaws that pertain to animals in your community? Yes / No

Would you be willing to let a representative of the SVAPL visit your home by appointment? Yes / No

If no, why not? \_\_\_\_\_

**FALSIFIED ANSWERS WILL LEAD TO AUTOMATIC REJECTION OF THIS APPLICATION.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

References (Someone other than a relative, and at least 18 years of age)

\_\_\_\_\_  
\_\_\_\_\_