



CAARE
ADOPTION APPLICATION FORM

What was it about this dog that captured your interest? What do you know about this breed's mental and physical requirements?

What are you expecting from your dog?

Your Family

Full Name (and Partner, if there is one):

(1)

(2)

Who will have primary responsibility for the animal?

No. of adults (over 21) in home?

Your age (approx.)?

No. of children in home?

Ages?

Are the children used to dogs? Y/N

No. of seniors in home?

Are seniors used to dogs?

Your Home:

Address:

City:

Province:

PC/Zip:

Home Phone Number:

Cell:

E-mail address:

What type of home is it?

House

Condo

Townhouse

Other _____

Do you own or rent?

How long have you lived at current address?

If renting, do you have landlord approval?

Landlord's name:

Phone:

How large is the yard?

Is the yard fenced? Y/N

Lifestyle

How many hours will your dog spend alone during the day?

Where will the dog stay while you are away?

Loose inside crate outside

How busy is your family?

Very Moderate Sometimes Not at all

Are you planning to move within the next two years? Y/N

If you are required to move in the future and cannot find a home permitting animals, what would you do with them?

How would you describe your lifestyle?

Sedate Leisurely Moderately Active Very Active

How would you describe the pace of your home?

Quiet Moderate Busy Hectic

How would you describe yourself?

Nervous Loud Calm Quiet

How would you describe members in your house?

Nervous Loud Calm Quiet

Are you planning any of the following in the next month?

Moving Change in Schedule Holiday

Where would the dog stay during a holiday?

Where will your dog sleep?

Crate loose Outside Other_____

Other Pets

Who would be the dogs primary caretaker?

Do you have dogs now? Y/N How many? Spayed/Neutered?
Breeds? Sexes? Ages?

Are the dogs used to other dogs? Y/N

Do you have cats? Y/N How many? Ages?

Are cats used to dogs? Y/N Are cats indoor or outdoor? Are cats declawed? Y/N

If no animals at this time, have you had any in the past 6 years? Y/N If yes, what happened to them?

A little more about you

What outdoor activities do YOU engage in?

What kind of activities would you enjoy doing with your dog?

What brand of food will you feed your dog ?

Do you have a family Veterinarian? (If so please provide contact info)

If not where would you plan on taking them?

How much do you expect your dogs to cost per year?

Vet_____ Food_____ Boarding_____

Do you live close to a dog park, beach, or other area where the dog can socialize with other dogs, play and have fun?

Are you prepared for the fact that even with great vigilance puppies can sometimes chew furniture, clothing, shoes, etc?

Are you aware that small objects are a very real choking hazard for dogs?

Are you aware of foods that are dangerous for dogs to ingest? (xylitol- a sweetener in candies, toothpaste, chewing gum etc; chocolate; grapes; and ?)

Problems willing to work on:

Are you willing to work on any behavior issues?

Are you willing to attend obedience training with your dog? Y/N

Will all members take part in training? Y/N If no, explain:

What form of exercise will you provide the dog and how often? (Hrs. per day)?

What is your philosophy or method of training a dog? If necessary, how will you discipline your animal?

Have you ever owned a "rescued" animal before? If yes, describe:

Have you dealt with behavioural issues before? If yes, describe:

Have you crate-trained an animal? Y/N. Have you house-trained an animal? Y/N

Are all members of your household aware of your plans to adopt or foster an animal? Y/N

For what reason would you return a companion animal?

If something happens to you, your home or relationship, who will care for your animals?

Have you ever volunteered for the SPCA or other rescue group?

If you have pictures of your home and yard, please send them with this application.

EMPLOYMENT (include partner if there is one):

(1)Employer:

(2)Employer:

Occupation:

Occupation:

Work hours?

Work hours?

How many yrs.?

How many yrs.?

REFERENCES:

Name:

Name:

Phone Number:

Phone Number:

Relationship:

Relationship

I hereby certify that all information supplied on this application is true.

NAMES: _____

Date:

If insufficient space for answers, please add additional info in an e-mail or add below.