

## **Dog & Puppy Adoption Questionnaire**

Many factors go into finding the perfect dog to introduce to your home. This application gives DCAS staff an opportunity to ensure you are matched appropriately with a companion pet that will make you and your new dog happy for a life time!

CONTACT INFORMATION								
Full Name	Date							
Address								
City				Postal (	Code			
Phone #	Alternate #							
Email								
I would like to be made aware by email of upcoming fundraisers or shelter events: <ul> <li>Yes</li> <li>No</li> </ul>						🗆 No		
		ABC	DUT ME					
I am interes	ted in adopting name of a	log(s)						
Why are you	u interested in this dog?							
How long ha	ave you been thinking al	oout adopting a dog?						
Have you ha	id a pet dog before?							
If not, have	you researched being a							
		ABOUT	MY HOM	1E				
Number adı	Its in the home?	Number of childre	en?		Their age	es?		
Has everyor	e in the home met the	dog(s) you are applyin	g to adopt?		🗆 Yes		🗆 No	
What type o	of home do you live in?	□ House	🗆 Conde	D	Townhome			
		🗆 Farm	🗆 Traile	r				
Do you own	, rent or belong to a stra	ata?						
If you rent o	r belong to a strata, are	you allowed to keep a	a dog as a p	et?	🗆 Ye	es	🗆 No	
If you belong to a strata or have a landlord, please provide their name and phone number:								
Name			Phone I	Number				
How many	other pets do you hav	ve in the home?		2 🗆 3	□4	□5	$\Box$ 6 or mo	ore

What type of pets do you have? 🗆 Dogs 🗆 Cats 🗆 Rabbits 🗆 Birds 🗆 Guinea Pigs 🗆 Rodents 🗆 Reptiles					
What are the names of your pets?					
Are your other pets spayed/neutered?   Yes  No reason why					
Please provide contact information for your regular veterinarian:					
Clinic Name Phone Number					
Have your other pets been socialised to a dog similar to the one you're applying for?					
Does anyone in your home suffer from allergies to dogs?  I Yes I No					
If you answered yes, how will you manage the allergies?					
ABOUT MY NEW DOG					
Who are you adopting this dog for?					
Where will your new dog live? <ul> <li>In the home always</li> <li>In the home at night only</li> </ul>					
□ In the home in the day only □ Free choice in/out at all times □ Outdoors only					
How many hours per day will you be able to spend with your dog?					
How many hours per day will your dog be home alone?					
Where will you keep your dog when you aren't home?					
What kind of enrichment will you provide your new dog?					
What food/diet does this animal require?					
What do you think annual vet care will include and cost for your new dog?					
Do you have experience with this sort of breed?   Yes  No					
Are you aware of your local bylaws that apply to owning a dog and/or this breed of dog? $\Box$ Yes $\Box$ No					
What circumstances would cause you to return or re-home this pet? Please check all that apply					
□ Moving □ High cost of vet care □ Change in relationship □ Doesn't get along with other pets					

Vacation	□ Aggression	□ Allergies	New baby
What behavior problems of	do you have experience with?	(From a previous pet)	□ Barking
□ Chewing	Separation Anxiety	□ House Breaking Issues	Jumping Up
Digging	□ Escaping	□ Mouthing	Property Damage
Dog Aggression	People Aggression	□ Resource Guarding	□ Chasing Moving Objects
How did you handle these	issues?		

Are	there	anv	issues	vou are	unwilling	to	work	on?
		~,		,	•••••••••••••••••••••••••••••••••••••••	•••		• • • •

DCAS staff will provide you with as much in please note behavior can change outside of guardians to seek the guidance of a profes with a trainer to give your dog the best cha	of the shelter environment a sional dog trainer once the	as well as over time	in a home. We encourage all		
□ Yes □ No reason					
Have you spoken with a DCAS staff member	er about any behavioral issu	ues this dog may hav	ve? 🗆 Yes 🗆 No		
How do you plan on handling these issues?	?				
	ACKNOWLEDGEMI	ENT			
Would you be willing to let a representativ			🗆 Yes 🗆 No		
Have you ever been charged with neglect	-		🗆 Yes 🗆 No		
Have you ever surrendered a pet to a shell					
If you are approved for this dog, would you like DCAS to register you on your behalf for 6 weeks of complimentary pet insurance through Petsecure Insurance? This will involve releasing your personal information.  Yes No APPLICANT SIGNATURE:					
Please provide two personal references wi					
Name: Phone Number:					
Name:	Phone Number				
	OFFICE USE ONL	Y			
Received by	Date	Time			
First App     Second App	□ Third App	Fourth App	Fifth App		
Processed by	Date				
<ul> <li>Reference Questions:</li> <li>1. How long have you known the applicant?</li> <li>2. How do you think the applicant would respond if their new dog/puppy became sick?</li> <li>3. As far as you know, could they afford medical expenses should they arise?</li> <li>4. Do you think the applicant will have enough time for their new dog/ puppy?</li> <li>5. Does the applicant own any other animals? Have these animals lived with dogs in the past?</li> <li>6. What level of care do you feel these animals are getting?</li> <li>7. Have they ever personally owned a dog/puppy before (if applicable)?</li> <li>8. Do you believe the applicants have taken the time to research/prepare for a new dog/puppy?</li> <li>9. Do you own any animals yourself? Would you consider letting the applicant take care of your animals?</li> <li>10. Any further comments or concerns?</li> </ul>					
Reference #1 Name:	Relation	ship:			
Notes:					

Reference #2 Name: Relationship:
Notes:
Veterinary Reference
Clinic Name: Representative Name:
Notes:
Always follow recommendations?
□ Home Owners □ Landlord Approval □ Strata Agreement □ Tempest Check □ Dog Intro
Status:  Approved Not Approved Reason:
Tentative P/U Date Comments
COMMUNICATION NOTES (include date & initials)
COIVINIUNICATION NOTES (include date & initials)