



## Adopter

**Name:**

**Email:**

**Home Phone:**

**Cell Phone:**

**Address:**

**About:**

## Pet

**Breed:**

DISCLAIMER: The adoption fee for our dogs varies from dog to dog. This tax-deductible donation covers the cost for spay/neuter, vaccinations, Micro-Chipping and training (if required). This is a non-refundable fee.

- Please type "I agree" and your initials if you agree to pay the adoption fee upon completion of your adoption.**
  
- When are you available to speak to our coordinators? (Daytime, nights, weekends. Provide the best time of day to reach you)**
  
- If there isn't a specific dog you are looking for is there a certain breed(s) you prefer?**
  
- What traits are you looking for in a pet?**

**How many adults are in your home?**

**What age range best describes the adults in your home? Check all that apply.**

**How many children live in your home?**

**What are the ages of the children in your home?**

**Do you have children who frequently visit your home?**

**Ages of children Who visit your home?**

**Does anyone in your household have allergies that could affect your decision to foster/adopt?**

**If yes, please provide an explanation on how this will be addressed.**

**In what type of home do you live? Such as apartment, house, condo, exct.....**

**Do you own or rent your home?**

**If you rent, have you received the approval of your landlord to have an animal**

**If you rent, please enter your landlord's name and phone number**

**How many sets of stairs are in your home (including inside, entry/exit/decks, etc.)**

**Is your yard fenced (this is not a requirement)**

**What is the height of the fence**

**What type of fence?**

- List all the pets you currently have in your home (breed, age and if they are spayed/neutered/vaccinated). If you do not have any pets, please list none.**
  
- Veterinarian's Name and Phone Number\***
  
- How do you plan to exercise your new dog?**
  
- Are there any behaviours that would be unacceptable to you (i.e. chewing, not housebroken, digging, shedding, etc.)**
  
- Have you ever had a dog with the canine parvovirus? (This is not necessarily a disqualifier)**
  
- What Year?**
  
- I certify that the information entered on this application is true. Enter your initials.\***

**How did you hear about us**