By submitting this application I certify that the information I have provided is complete, true and accurate and that I give my permission to Pound Dog Rescue to contact my landlord (if applicable) and my current and/or previous veterinarians. Submission of an application does not guarantee an adoption of a dog and Pound Dog Rescue reserves the right to refuse any application. Please understand that this form is done to try to match a dog to your home in a way that will ensure another rescued dog will find its forever home and you will have a companion dog for the rest of its life span. A home visit with the dog you are interested in adopting is mandatory and part of the adoption process.

***NOTE:******All information provided to Pound Dog Rescue will be kept strictly confidential and will only apply to your adoption application.***

***Adoption Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) |  | Address/City/PC |  |
| Home Phone |  | Cell Phone |  | Preferred Number |  |
| Best Time To Call |  | Email Address |  |
| Occupation |  | Occupation |  |
| Employer |  | Employer |  |
| How long have you been at your present job *(Applicant 1)* |  | If less than 1 yr, how long were you at your pervious job  |  |
| How long have you been at your present job (Applicant 2) |  | If less than 1 yr, how long were you at your pervious job |  |
|  |

***Household Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| Number of persons in the home |  | Relationship(s) to Applicant |  |
| Who will be the primary caretaker of the dog |  | Do all members in the home want to adopt a dog |  |
| If not, please be specific about who disagrees and why |  |
| Is anyone in the household allergic to dogs? If so, how do you plan to manage the allergy |  |
| Do you have any children | Yes |  | No |  | If yes please provide the following information for each child |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Sex |  | Age |  | Name |  | Sex |  | Age |  |
| Name |  | Sex |  | Age |  | Name |  | Sex |  | Age |  |
| Name |  | Sex |  | Age |  | Name |  | Sex |  | Age |  |
| If you have children, what type of exposure or experience have they had with pets? *(Please provide response below)* |  |
|  |
| Do you have regular visitors with whom the dog will need to interact with *(For instance, grandchildren or elderly relatives)* |  |

 Are there currently pets in the home? If yes, please provide the following information for each pet:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Species |  | Breed |  | Age |  | Size |  | Sex |  | Spay/Neutered |  |
| Species |  | Breed |  | Age |  | Size |  | Sex |  | Spay/Neutered |  |
| Species |  | Breed |  | Age |  | Size |  | Sex |  | Spay/Neutered |  |
| Species |  | Breed |  | Age |  | Size |  | Sex |  | Spay/Neutered |  |

|  |  |
| --- | --- |
| What brand of food do you feed your current pet(s)? |  |

|  |  |  |
| --- | --- | --- |
| How many pets have you owned in the last 10 years *(Please use the tables below for each pet)* |  |  |
| Species |  | Breed |  | Name |  | Yrs Owned |  | Sex |  | Spay/Neutered |  |
| What happened to the pet |  |
| Species |  | Breed |  | Name |  | Yrs Owned |  | Sex |  | Spay/Neutered |  |
| What happened to the pet |  |
| Species |  | Breed |  | Name |  | Yrs Owned |  | Sex |  | Spay/Neutered |  |
| What happened to the pet |  |
| Species |  | Breed |  | Name |  | Yrs Owned |  | Sex |  | Spay/Neutered |  |
| What happened to the pet |  |
| Species |  | Breed |  | Name |  | Yrs Owned |  | Sex |  | Spay/Neutered |  |
| What happened to the pet |  |
| Have you ever surrendered/given away a pet | Yes |  | No |  |  |
| If yes why, and what did you do with the pet |  |
| How many hours a day will your dog spend alone |  | Are you willing to crate train your dog | Yes |  | No |  |
| Where will you dog be when no one is home |  |
| Who will care for your dog when you are away from home overnight or on vacation |  |
| Does anyone other than family/household residents come into your home on a regular basis *(For instance, cleaners)* | Yes/No |  |
| If yes how will you ensure your dog’s safety when outsiders come and go |  |
| Is your home a  | House |  | Condo |  | Apartment |  | Mobile Home |  | Other |  |
| Do you  | Own |  | Rent |  | Other |  | If you rent do you have your landlords permission | Yes |  | No |  |
| Please provide your landlords name and phone number |  |
| How long have you lived at your current address |  |  |
| If less than 2 years, what was your pervious address and how long did you live there  |  |
| If your yard is completely fenced, what is the type and height of the fence |  |
| If your yard is not completely fenced, how do you plan to keep your dog safe and in compliance with confinement laws |  |
| Do you have a swimming pool or hot tub | Yes |  | No |  |  |
| Is it fenced separately from the rest of the yard | Yes |  | No |  |  |
| Does it have a secure cover that a dog cannot get under | Yes |  | No |  |  |

 ***Dog Preference Information:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Describe the dog you want to adopt | Male |  | Female |  | No Preference |  |  |
| Size Preference | Small |  | Medium |  | Large |  | Giant |  |   | Activity level | Low |  | Medium |  | High |  |
| If a dog seems suitable in all other ways, I would be willing to consider a different | Sex |  | Colour |  | Size |  | Age |  |
| Is there a specific dog you are interested in adopting and have you researched this breed of dog | Yes/No |  | Name of Dog |  |
| What is it about this dog you find appeals to you |  |
| Are you aware of the activity level and does it suit your lifestyle | Yes/No |  |  |
| Are you aware of the training requirements and potential challenges of this particular breed of dog | Yes/No |  |  |
| Are you willing to attend dog training classes | Yes/No |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you researched training facilities in your area? |  | If yes, which facility |  |

|  |  |  |
| --- | --- | --- |
|  Are you aware of the time commitment & costs associated with quality training? | Yes/No |  |

|  |  |  |
| --- | --- | --- |
| If approved, but for some reason the adoption for this particular dog does not work out, would you like us to keep your application on file for dogs that may come in to our rescue that we think might interest you  | Yes/No |  |
| How did you learn about Pound Dog Rescue |  |
| Is there any information you would like to share about you, your family or experience with dogs |  |

 ***Veterinary Information:***

|  |  |
| --- | --- |
| Name of Vet Clinic and phone number |  |

|  |  |
| --- | --- |
| How long have you been a client with this veterinarian |  |

 \**Please contact your vet to let them know we will be calling and provide consent for them to discuss your animals’ medical history*.

 If you own a pet now, or have within the past 5 years and cannot provide a vet reference, please tell us why

|  |
| --- |
|  |

 ***Personal References:***

|  |  |
| --- | --- |
| Please provide two references who are familiar with your experience as a dog/pet owner and who are not members of your family or household |  |
|  | Relationship to you |  |
| Home Phone |  | Cell Phone |  | Preferred Number |  | Best time to call |  |
|  | Relationship to you |  |
| Home Phone |  | Cell Phone |  | Preferred Number |  |  Best time to call |  |

|  |
| --- |
| ***Applicants must be legally able to sign a contract, e.g., must be legally of age and otherwise competent*** |
| I hereby authorize Pound Dog Rescue to verify the information given in this application | Yes/No |  |  |
| Applicant’s Signature (Initial if completing electronically) |  |  Date |  |

*pounddog.ca@gmail.com*