



## **DOG ADOPTION APPLICATION**

Thank you for choosing to adopt a pet from TDHS!

Every animal and every home is unique. We are here to help you find the right pet.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well. We are committed to finding each TDHS animal the right match.

### **Before you fill in your application, please note:**

- \*Most TDHS adoptions are handled as foster-to-adopt cases. Please familiarize yourself with the adoption process prior to submitting your adoption application.
- \*THDS animals first come to the shelter either as strays; as a result of a cruelty investigation; or because they've been signed over by a previous owner.
- \*We cannot guarantee temperament of our animals. Most animals come to us without any background history. We disclose any information that is given to us on a surrender form and what is discovered during a behavior assessment; however, this still does not guarantee temperament, as temperament is often an effect of environment and circumstance.
- \*We cannot guarantee the health of our animals. We disclose observations that are revealed during an exam and information that is provided at the time of surrender.

### **IMPORTANT INFORMATION:**

1. All adopters are responsible for veterinary care and medical bills incurred post adoption.
2. If for whatever reason, you must re-home your new pet, you must first contact TDHS.
3. TDHS reserves the right to verify all information provided on the adoption application (veterinary reference, landlord, etc.)

### **By signing below:**

- \* I certify that the information I have provided in this application is true and I recognize that any misrepresentation of facts or aggression towards staff may result in my losing the privilege of adopting a pet from TDHS.
- \*I understand that TDHS has the right to deny my request to adopt an animal and that TDHS does not adopt animals on a first come, first served basis.
- \*In the event that my application is approved, but another family was chosen for the pet I applied for, my application can be kept on file for up to 6 months.
- \*I authorize investigation of all statements contained in this application.
- \*I understand that this application is the property of the TDHS.
- \*I understand that I will be contacted by phone and email throughout the adoption process with important info and shelter updates. If preference post-adoption is not to receive further emails, I may unsubscribe at any time.

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

*Thank you for your responses, all of which are confidential.*

***Please note: Due to the high number of applications we receive, ONLY the successful applicants will be contacted within 1-3 business days. There is a possibility of a lengthier process for special case animals.***

## Timmins and District Humane Society

### DOG ADOPTION APPLICATION

**DOG'S NAME:** \_\_\_\_\_

#### APPLICANT INFORMATION

Name:	Age:	Email:
Address:	Town/City:	Postal Code:
Cell Phone #:	Work Phone #:	Home Phone #:
Employer:	Job Title:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>
Co-Habitant's Name:	Age:	Email:
Cell Phone #:	Work Phone #:	Home Phone #:
Employer:	Job Title:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>

#### FAMILY/LIFESTYLE

What type of home do you live in?  
 House  Apartment  Mobile  Farm/Acreages  Duplex  Student Residence

Do you: Rent  Own  Live with parents  Do you have roommates: Yes  No

How long have you lived at your current address?  
 How many times have you moved in the past 5 years?  
 If you were to move in the future, what would happen to your dog?  
 If you rent, please provide contact information for your landlord. (without their consent, the application will not be fully processed)  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How many children live in your home? \_\_\_\_\_ Ages: \_\_\_\_\_

How would you describe your household? (Check all that apply)  
 Loud  Calm  Busy  Quiet

Does anyone in your home suffer from pet allergies? Yes  No   
 If so, please specify allergies to what species:  
 (If planning to have a family, consider the possibility of allergies developing in your newborn BEFORE adopting a dog.)

If your current relationship changes, with whom will your dog remain?  
 Do you have someone who is prepared to look after your dog in the event of a serious illness/death?  
 When outside, will your dog be: Fenced in  Tied  Loose

Who in your household will be responsible for caring for this dog?  
 Are you prepared to make the 10-15 year commitment a dog requires? Yes  No

When traveling/away from home, what arrangements will you make for the care of your dog?  
 How much time do you plan on spending each day exercising your dog?  
 0-30mins  30mins-1hr   
 1-2hrs  3+ hrs

How do you plan to exercise your dog: Leash walks  Back yard  Dog park  Other

On average how many hours per day will the dog be left home alone?  
 Where will the dog be kept when left alone?  
 Loose indoors  Outside dog house  Garage   
 Crated inside  Other  Explain: \_\_\_\_\_

What type of dog are you looking for? (Check all that apply)

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Age group:	0-6months <input type="checkbox"/>	6months-3years <input type="checkbox"/>	3-6years <input type="checkbox"/>	Senior (7+) <input type="checkbox"/>
Full grown size:	Small (<35lbs) <input type="checkbox"/>	Medium (35-50lbs) <input type="checkbox"/>	Large(50-99lbs) <input type="checkbox"/>	Giant(>100lbs) <input type="checkbox"/>

**Timmins and District Humane Society  
DOG ADOPTION APPLICATION**

**PET CARE/COMMITMENT**

Are you adopting this dog for yourself or someone else? (Please specify)

Why are you adopting a dog? (Check all that apply)

Companion for family       Teach child responsibility       Protection       Other   
 Companion for existing pet       Hunting       Working Dog       Explain: \_\_\_\_\_

For what reason would you return/re-home your dog? (Check all that apply)

Allergies       Moving       Separation/Divorce   
 New baby       Behavioural issues       Large veterinary bill   
 Not getting along with current pets       Chronic medical issues       Barking/training issues   
 Does not apply       Aggression issues       Death in the family

Other (please explain):

How much do you think it costs to feed one dog for one month? (Keep in mind! Some dogs may require a specialized diet)

What training do you expect your new pet to already have down? (ie: housetrained, socialized, recall, no barking, no aggression)

What are your plans for training this dog? (Check all that apply)

I am dog experienced and don't require help       Basic obedience classes   
 Private consultations with a trainer       Watching popular dog training TV shows

Would you be willing to consult a trainer for behavioural issues? (If yes, how much would you be willing to spend on training?)

Please select the activity level you are looking for in a dog:      Highly active       Moderately active   
    Seldom active       Couch potato

Have you ever applied for a pet at our facility or any other humane society/rescue? If so, which pet? Were you successful?

Have you ever owned a pet that is no longer with you? (If so, please explain why):

Have you ever surrendered a pet to a humane society/rescue? If so, please specify the reason and which pet:

Will this pet be exposed to animals of family members/friends? (If so, please specify):

**MEDICAL CARE**

How much will you budget for basic veterinary care per year? (please consider annual checkups, vaccines and preventative/emergency care)

Are you comfortable administering medication to your dog should it become ill? (ie: pills, eye medication, injections)

Yes       No

Do you believe in spaying/neutering?      Yes       No

**REFERENCES**

Only complete this section if you do not have a veterinary reference. Please provide two character references instead.

Name	Relationship	Contact Number

**Timmins and District Humane Society  
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**PET CARE/EXPERIENCE**

Will you be a first time pet owner?    Yes     No

**I have contacted my veterinary clinic and given permission for the medical reference: Yes  No**

*\*\* Please note, not completing this part of the application will cause a delay in processing.\*\**

**Tell us about your current pets:** (Attach another page if needed)

SPECIES/BREED	NAME	GENDER & AGE	SPAYED/ NEUTERED	VACCINE STATUS	DECLAWED (CATS)

**Tell us about your previous pets:**

SPECIES/BREED	NAME	GENDER & AGE	SPAYED/ NEUTERED	DECLAWED (CATS)	LIVING/DECEASED	REASON FOR DECEASED PET/REHOMING OF PET

**Please list each veterinary clinic that has cared for your animals:**

NAME OF CLINIC	NAME OF VETERINARIAN(S) DEALT WITH	TELEPHONE NUMBER	CLIENT'S NAME UNDER WHICH THE PET'S RECORDS ARE LISTED

**\*\*In order for us to do a vet reference, you will need to contact all veterinary clinics used for current and previous pets. The vet clinic will not release any information without your consent. Please check off the box at the top of page if you have already contacted them in order to give them permission.**