



Dog's name : _____
Date: _____
Time of application: _____

DOG ADOPTION application form

Pet Save is a non-profit organization which depends exclusively on private donations and fundraising campaigns. Our mission is to rescue abandoned, abused and neglected cats and dogs throughout Northern Ontario and ensure that every pet received a New Lease On Life.

Our goal is to secure a lifetime commitment from you to ensure our animals go to the best possible home, with the promise of a safe and loving future from you. The following questions will help us to determine if you will be a good fit as a pet parent for one of our animals. Please take the time to fill out this application.

Name: _____

Mailing address: _____

Telephone number: _____ Alternate telephone number: _____

Email address: _____

Best time of day to be called: Morning Afternoon Evening

Have you ever had dogs before? Yes No

If yes, where are they now? _____

What is your type of dwelling? House Apartment

Do you rent or own ? If you rent, does your landlord permit dogs? Yes No

How long have you lived there? _____

Do you plan to move in the near future? Yes No

Are you familiar with crate training? Yes No

Are you in favour of it or are you against it and why? _____

Are all the members in your household in agreement about adopting a dog? Yes No

Who will be responsible for the dog? _____

Are you currently employed? Full time Part time Retired Student

How long have you been employed at your present job? _____

Is there anyone in your household with allergies or asthma? Yes No

Do you have any children? Yes No If yes, how many? _____ Their age(s)? _____

If you decide to have a family, how will this affect the future of the dog? _____

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Do you have any smaller animals such as birds or hamsters? Yes No

Do you currently have any cats or dogs? Yes No

If so, how many? _____ cat(s) _____ dog(s)

If you have cats and/or dogs, so they get along with other cats and/or dogs? Yes No

Are all the other pets in the home up to date with their vaccinations? Yes No

Are they spayed or neutered? Yes No

Do you have a vet now? Yes No If yes, who is your vet? _____

What arrangements will you make if you were to go on holiday or if you should happen to be away for a weekend? _____

What behavior would you not tolerate from your dog? _____

How will you train your dog if it were to develop a behavior that you feel is not to be tolerated?

Where will your dog stay when you are away from the house? _____

Where will your dog stay at night? _____

On average, how many hours will your dog be alone on: Weekdays _____ Weekends _____

What type of food will you be feeding your dog? _____

Please indicate how much you feel it will cost to feed your dog each month: \$ _____

How much will you budget for basic veterinarian care per year for vaccinations, preventative medicine, dental care and annual check-ups? \$ _____

Do you still want to commit to this dog for its entire lifetime? Yes No

Signature: _____

(All responses will be kept strictly confidential.)

Approved by: _____