



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: \_\_\_\_\_