

Dogway Dog Rescue Society Dog Adoption Application Form

(Please print clearly, then scan completed form and send to ([mailto: cherrybim@shaw.ca](mailto:cherrybim@shaw.ca))

1. Applicant's name and occupation: _____
2. Partner's name and occupation: _____
3. Do you have children living with you? _____ If yes, names and ages of children:

4. List all existing pets in the home (breed, age and sex):

5. Your full street address: _____
6. **phone number/s:** _____
7. **Email Address:** _____
8. Name of dog(s) you are interested in adopting?

9. Why are you interested in adopting at this time:

10. What qualities are you looking for in a dog?

11. Describe your home/yard. Is it fully fenced?

12. Do you own or rent? _____ If renting, will your landlord allow a dog? _____
What will happen to dog if you move and new landlord will not allow dog(s)?

13. Who will be the dog's primary caregiver? _____
14. Describe the dog's intended daily activities:

15. What training methods will you be using?

16. How many hours a day will the dog be without human companionship and reasons(s):

17. Where will dog be when you are at home? _____

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Dogway Dog Rescue Society Dog Adoption Application Form (continued)

18. Where will the dog be when you are **not** at home? _____
19. Where will the dog sleep? _____
20. What area(s) of your home will the dog **not** be allowed in? _____
21. Will the dog be crated? _____ If yes, when will the dog be crated? _____
22. Who will look after the dog when you are on vacation? _____
23. Have you previously owned a dog(s)? _____ If yes, what happened to that/those dog(s)?

24. What do you expect to pay annually on veterinary care for the dog? _____
25. Can you afford to provide veterinary care for the dog in the event of serious illness or injury? _____
26. Under what circumstances would you consider it acceptable to euthanize a dog?

27. Please provide name and phone number of your veterinarian:

28. Our Adoption Agreement states that the dog(s) must be returned to DOGWAY Dog Rescue Society if you are no longer able, for any reason, to care for the dog(s). Do you agree to this? _____

PLEASE NOTE: This application becomes part of the adoption agreement.

If you have any further comments/questions, please include here:

SIGNATURE: _____

FOR OFFICE USE ONLY: CSN _____ DATE OF APPLICATION: _____

APPLICATION TAKEN BY: _____