

Dog Adoption

<p style="text-align: center;"><i>Office Use Only</i></p> <p>Dog's Name: _____</p> <p>Log #: _____</p> <p>Sex: _____</p> <p>Age: _____</p> <p>Breed: _____</p>	 <p style="font-weight: bold; font-size: 1.2em;">QUINTE HUMANE SOCIETY</p>	<p style="text-align: center;"><i>Office Use Only</i></p> <p><input type="checkbox"/> 24 Hour Hold <input type="checkbox"/> Meet and Greet Required</p> <p><input type="checkbox"/> Spoken For <input type="checkbox"/> Needs Cat Test</p> <p><input type="checkbox"/> Deposit Paid</p> <p>Surgery Date: _____</p> <p>Pick Up Date: _____</p>
--	--	---

Information ABOUT YOU and YOUR HOME

<p>Name(s): _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Email: _____</p> <p><i>Emergency Contact (Used for Microchip Registration)</i></p> <p>Name: _____ Phone #: _____</p>	<p>1: Total # of adults in the home: _____</p> <p>2: Are there children in the home or that visit frequently?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3: Total # of children: _____</p> <p>4: Ages of children: _____</p>
---	---

5: I want to adopt a dog for:

Myself
 Family in the same home
 Someone else
 A Surprise/Gift

<p>6: Are you 18 years old or older?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7: Do you live with your parent/guardian?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list their name(s) and phone number: _____</p>	<p>8: Are you a student?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what will you do with the animal after you are done with school? _____</p>
--	---	--

9. Who will be responsible for the care and well-being of the dog? _____

10. Does anyone in the household have an allergy to dogs? Yes No

If yes, how would you cope with adding this dog to your family? _____

11. What type of residence do you live at?

House Apartment Townhouse Condo Mobile Home
 Other _____

12. Do you rent? Yes No

If yes, does your landlord/ rental agency allow pets? Yes No

Please list your landlord's name and phone number: _____

13. How long have you lived at your current address? _____

<p>14: Will the dog be kept as:</p> <p><input type="checkbox"/> A House dog</p> <p><input type="checkbox"/> An Outside dog</p>	<p>16: Where will the dog stay when you are not home?</p> <p><input type="checkbox"/> Loose in the home</p> <p><input type="checkbox"/> Crated inside</p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Other _____</p>	<p>17: If the dog is outside alone it will be:</p> <p><input type="checkbox"/> In a fully fenced in yard</p> <p><input type="checkbox"/> Free Roaming</p> <p><input type="checkbox"/> Kennel/Run</p> <p><input type="checkbox"/> Tie out/Chain</p> <p><input type="checkbox"/> Will not be outside alone</p> <p><input type="checkbox"/> Other _____</p>
---	--	---

15: How long will the dog spend alone on a daily basis? _____

18. Do you consent to a home check before adoption? Yes No

<p>19: Have you ever adopted a pet from the Quinte Humane Society?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20: Have you ever surrendered an animal to an SPCA or animal rescue organization?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>21: Have you or anyone in your household ever been investigated for cruelty to animals?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--	--

Animal History Questionnaire

22: Do you or have you ever owned a dog before? **23: Please list all the pets you have owned in the past and what happened to them:** _____

- Yes, I currently own a dog
 Yes, I have owned a dog before
 No, I have not owned a dog before

24: Please list all the pets you currently own, stating their species (cat/dog/ etc.), age, gender and if they are spayed or neutered: _____

25: Is your current animal(s) up to date on vaccinations? Yes No
26: Do you have a veterinarian clinic you currently use? Yes No
If yes, do you give the Quinte Humane Society permission to contact them for a reference and release of your animal's medical history? Yes No

27: Name and phone number of Veterinarian Clinic: _____

About the Dog you'd like to Adopt

In the following section, please check all boxes that apply to each question.

28: What temperament are you looking for in a dog?

- Playful Quiet Independent
 Dependant Calm Energetic
 Active Couch Potato Dominant
 Very Social Loner Submissive
 Other: _____

29: It is extremely important that my new dog:

- Likes other Dogs Likes Cats
 Likes Children Likes Strangers
 Is housetrained Is obedience trained
 Other: _____

30: Why would you like to adopt this dog?

- Pet and Companion Playmate for Child
 Playmate for another Pet Hunting
 Guard dog Breeding
 Other: _____

32: Do you feel a dog is a lifetime commitment?

- Yes No

33: Would you be willing to take training classes if the dog needs them?

- Yes No

31: Would you ever return a dog for the following reasons?

- Digging Separation Anxiety
 Chewing/Destructiveness Not good with children
 Mouthing Barking
 Roaming/Running Away Allergies
 Too hyper/energetic Change in lifestyle
 Not good with strangers Moving
 Not good with other animals
 Not housetrained/failure to housetrain
 Other: _____

- I understand that QHS does not have a vet on staff and that the animal I am applying to adopt has not been examined by a veterinarian.
- I understand that deposits and adoption fees are non-refundable.
- I understand and consent that the Quinte Humane Society may inspect the animal and if the conditions under which it is kept are not considered satisfactory by the QHS, in its sole discretion may take repossession of the animal.
- I hereby state that all answers are truthful and understand that QHS reserves the right to decline any application at their own discretion.

Applicant's Signature: _____
Date: _____

Office Use Only: Name Check
 Approved 110: _____
Staff's Signature: _____