



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:

- *TDHS 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 or 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 health of our animals. We disclose observations that are revealed during an exam and information that is provided at the time of surrender. Please understand that some illnesses can have an incubation period of 10 days, which means that a pet can leave in good health but get sick a few days post adoption.

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 that I recognize that any misrepresentation of facts 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 on a first come, first served basis.
 - *I authorize investigation of all statements contained in this application.
 - *I understand that this application is the property of the TDHS.

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 in 1-3 business days.

Timmins and District Humane Society

DOG ADOPTION APPLICATION

DOG'S NAME:

APPLICANT INFORMATION

Name:	Age:	Email:
Address:	Postal Code:	
Cell Phone #:	Work Phone#	Home Phone #:
Employer:	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:	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 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

Name: _____ Phone number: _____

How many children live in your home? _____ Ages: _____

How would you describe your household?

Loud Calm Busy Quiet

Does anyone in your home suffer from pet allergies? Yes No

(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 can look after your dog in the event of 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 plan on spending each day exercising your dog? 0-30mins 30mins-1 hr
1-2hr 3+ hrs

How do 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: _____

Timmins and District Humane Society

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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 animal 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 kind of behaviours would you **NOT** tolerate from you new dog? (ie: digging/chewing/not house trained)

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 TV show dog trainers

Would you be willing to consult a trainer for behavioural issues? _____ If yes, how much would you be willing to spend on training? \$50 \$100 \$200 Whatever it takes

What do you believe are the most important responsibilities when caring for a dog?

Please select the best description of your family's activity level:

Highly active Moderately active Seldom active Couch potatoes

Have you ever applied for a pet before from a shelter? If so, which pet? Were you successful?

Have you ever been investigated by the Ontario SPCA?

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

If you do not have a veterinary reference, please provide 2 character references instead

Name	Relationship	Contact Number

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PET CARE/EXPERIENCE

Tell us about your current pets:

SPECIES	NAME	SEX	ALTERED	AGE	VACCINE STATUS	DECLAWED

Tell us about your previous pets

SPECIES	NAME	SEX	ALTERED	AGE	VACCINE STATUS	DECLAWED

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

SIGN ME UP! For the Timmins & District Humane Society monthly newsletter. (Unsubscribe at any time.)

Email Address _____

Yes, I would like to receive email and/or mail with special offers and information from Hill's Pet Nutrition Canada Inc and its family of brands about my adoption. (Unsubscribe at any time.)