



DOG ADOPTION APPLICATION



ID#: _____ Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Section 1 – General Information			
Applicant Name:			
Applicant's Mailing Address (STREET, CITY, POSTAL CODE)			
Applicant's Telephone:		Email Address:	

Please complete the following as honest as you can. Our main objective is to ensure good compatibility between you, your family and your new pet. Please keep in mind the Animal's long term welfare is our foremost considerations. Please return this application to the shelter staff when completed.

Section 2 – Background Information & Questionnaire			
Reason for Adopting:	Family Pet <input type="checkbox"/>	Hunting Dog: <input type="checkbox"/>	Watch Dog: <input type="checkbox"/> Farm Dog: <input type="checkbox"/>
	Companion: <input type="checkbox"/>	Playmate for Child: <input type="checkbox"/>	Guard Dog for property: <input type="checkbox"/> Breeding: <input type="checkbox"/> Other: <input type="checkbox"/>
This dog is for:	Myself <input type="checkbox"/>	Immediate Family: <input type="checkbox"/>	Someone Else: <input type="checkbox"/>
I live in a:	House <input type="checkbox"/>	Apartment: <input type="checkbox"/>	My Home is: Owned: <input type="checkbox"/> Rented: <input type="checkbox"/>
If renting, does you landlord allow pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlord Name & Telephone No.: _____	
Do you have children living in your home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, list ages of children: _____	
If yes, how will they adjust to a new dog?			
Does anyone in your home allergic to animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever owned a dog before:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, do they still live with you? : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any other pets? (Please list):			
Are you current pets up to date on their vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you current pets spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no to either, why not?:			
Do your pets have a valid license?			
Do you agree to purchase a valid city dog license?			
Are you other pets dog friendly?			
Are you prepared to handle any behavioural problems this dog may have? (ie: chewing, barking, accidents in the house)			
Do you have any experience in dog training?			
Do you plan to take this dog to a trainer or obedience classes? (if yes who?)			
Do you plan to crate train this dog?			
If crating, how long will the dog be in a crate per day?			
Do you have a fully fenced yard? (fence type & height)			

If no, how will you handle exercising and bathroom duties?	
On average, how many hours a day will the dog be left alone?	
Where will the dog spend time when you are not home?	
What food do you plan on feeding your dog?	
Have you considered the financial, legal and moral responsibilities of dog ownership?	
Are you prepared for all vet costs Annual vaccines, wellness checks & emergencies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you prepared for a 10 year commitment on adopting this dog? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a regular veterinarian? (Please provide contact information): (we may contact your vet for history, Please contact your vet so they are aware of your intent to adopt)	
Will you keep this dog up to date on yearly vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not already done, will you have this Dog spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you do not have a veterinarian, please provide a personal reference that we can contact:	Name: _____ Relationship to you: _____ Phone Number: _____
Have you ever had to re-home a pet? If Yes – please explain why:	_____ _____ _____
Other Comments:	_____ _____ _____

All the information I have provided above is true and correct. I understand that any falsification or omission of any of the above information could result in an automatic application denial. By signing below, I agree that I shall not hold the City of St. Thomas responsible in any way for any expenses I may incur as a result of my adoption from this point forward

Applicant Signature:

MM/DD/YYYY

City of St. Thomas Approval:

Staff Initials

MM/DD/YYYY

Staff Initials

MM/DD/YYYY

**The City of St. Thomas Animal Services reserves the right to refuse any applicant.
The application process can take time to process; we thank you for your patience.
Applications on animals are not based on first received.**

Animal Services, 100 Burwell Road, St. Thomas, ON N5P 3R8 Phone: (519) 631-7430