

If yes, please provide the name of your employer _____

How long have you been employed at your current place of work? _____

Do you have children? _____

If yes, please provide ages: _____

Your current living situation is best described as:

- Single-family home Townhouse Condominium/Apartment
 Mobile Home Other: _____

Are you renting? Yes No

If yes, do you have permission of your landlord to own an animal? Yes No

If renting, please provide landlord's name and phone # : _____

If renting, **you must provide a written letter of consent from your landlord and affix to this application prior to submission.**

If strata, what are the rules pertaining to animals? _____

If strata, **you must provide a copy of your strata contract and affix to this application prior to submission.**

Do you have a yard? Yes No

Is your yard fenced? Yes No

How high is the fence and of what material is it made? _____

If you do not have a fence, how will you keep the dog on your property?

Tie-out Offleash Kennel/pen Other: _____

How long have you lived at your current residence? _____

Do you plan on moving in the next 6months? _____

Do any of the resident in your household have allergies to dogs? If yes, please describe severity and how you plan to cope with the allergies: _____

Have all the residents of the household met the animal you are applying for?

Yes No

For whom are you adopting this pet? Yourself Gift Other

How long have you been considering adopting a pet? _____

What do you feel are the biggest responsibilities in owning a dog? _____

Have you researched the breed you are interested in adopting? Yes No

If you have researched the breed, what qualities interest you in this breed? _____

How much money do you estimate you will spend in the first year of owning a dog?

Medical: _____ Food and Supplies: _____ Misc. and Other: _____

How much money **exactly** are you willing to spend in the event of an emergency (such as if the animal is hit by a car)? _____

Do you plan on purchasing pet insurance? Yes No

Who will be the primary caregiver for the pet? _____

What brand name food will you feed the dog? _____

Where will the dog be: (i.e. in the yard, inside your dwelling, crated, in a pen etc.)

When you are **at home**? _____

When you are **away** (at work etc.) ? _____

When you are **on vacation**? _____

Where will the dog sleep at night? _____

How many hours will the dog be left alone during the day? _____

Have you done any research on or do you have any formal experience in obedience training? Please describe the type of training you will be using. _____

What type of collar will the dog wear?

- Martingale
 Nylon with plastic buckle
 Nylon with metal buckle
 Harness
 Pinch Collar
 E Collar

Do you currently own any other animals? Yes No

If yes, please indicate the following:

	Type of Pet	Age	Name	Altered?	Vaccinated?
1					
2					
3					
4					

If pets not altered, please explain why: _____

If pets not vaccinated, please indicate why: _____

Do any of your current animals have notable medical conditions? If so, please explain:

Have you owned animals in the past? Yes No

If yes, please indicate the following:

	Type of Pet	Age	Name	Cause of death
1				
2				
3				
4				

Have you ever surrendered a dog to an animal shelter before? If yes, please explain in detail: _____

Under what circumstances would you not keep this dog? _____

What would you do if you could no longer take care of the dog? _____

What would you do if you came home and found that they dog had eaten a pair of your favorite shoes? How would you correct this kind of behavior? _____

If you arrived home and the dog had defecated or urinated in the house, how would you handle this and what would you do to correct this? _____

If you tried to take food/toys from the dog and it growled at you what would you do and what steps would you take to correct this behavior? _____

Provide the name and phone number of your veterinarian for previous and/or current
Pets. **If you have animals but no regular vet**, please explain why: _____

Provide the name and phone number of a personal reference – **not a family member**:

Thank you for taking the time to complete this application in full.

**All applications are reviewed by a minimum of two Animal Services Officers and the
approximate processing time is 24-72 hours.**

FOR STAFF USE ONLY:

Staff Notes

Application Approved: Yes No Staff Initial: _____

Yes No Staff initial: _____
