

Are you currently employed? Yes No

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 plan on moving in the next 6months? _____

Do any of the resident in your household have allergies to animals? 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 **specifically** will the animal eat? (ie. pellets, mullet, fruit, veggies) _____

What do you feel are the biggest responsibilities in owning an animal? _____

Have you researched the type of animal you are interested in adopting? Yes No

If you have researched the type of animal, what qualities interest you in this type of animal? _____

How much money do you estimate you will spend in the first year of owing an animal?

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 or attacked by another animal)? _____

Do you plan on purchasing pet insurance? Yes No

Who will be the primary caregiver for the animal? _____

Where will the animal be: (i.e. in a hutch, inside house, crated, pen/cage, free-run etc.)

When you are **at home**? _____

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

When you are **on vacation**? _____

Where will the animal sleep at night? _____

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

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 an animal to an animal shelter before? If yes, please explain in detail: _____

Under what circumstances would you not keep the animal? _____

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

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: _____
