

DATE RECEIVED: \_\_\_\_\_

**DOG ADOPTION APPLICATION**

We carefully screen each applicant to ensure that our animals are matched with the right guardian and best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of the City of New Westminister once submitted. This application will be reviewed our staff members and it may take up to a week to be processed. We reserve the right to decline applications for any reason.

**DOG'S NAME:** \_\_\_\_\_**APPLICANT INFORMATION**

1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Applicant age (s):  19-30  31-40  41-50  51-60  61-70  71+What do you do?  Student  Employed  Retired  Other: \_\_\_\_\_If employed, do you work:  At home  Shift work  Part time  Full time  Other**HOUSEHOLD INFORMATION:**

1) How long have you lived in your current home? \_\_\_\_\_

Type of home:

House  Townhouse  Apartment/Condo  Suite in House  Other 2) Do you own or rent your home? Own  Rent **\*If renting, you must provide landlord contact information and/or written approval or we cannot process the application.** Completed? Yes  No  Not Applicable **Landlord contact information:** \_\_\_\_\_**\*\*If strata (rent or own), you must attach a copy of the bylaws regarding pets or we cannot process the application.** Completed? Yes  No  Not Applicable

3) Do you have a completely fenced yard?  
 Yes  What is the height and material of the fence? \_\_\_\_\_  
 No  How do you plan to keep dog on property? \_\_\_\_\_

4) Describe the activity of your household in the context of residents and lifestyle?  
 Very quiet     Not very busy     Moderately busy     Very busy

5) Do you have children between ages 0-18?  No  Yes, please state ages: \_\_\_\_\_

6) Do you have many visitors to the house (children, grandchildren, etc.)? Yes  No

7) Do you plan on moving in the next 6 months? Yes  No

8) Are you planning on any vacations in the next 2 months? Yes  No

9) How many people reside in your household? \_\_\_\_\_

10) Has everyone in your household met the dog? Yes  No

11) Do any household members have animal-related allergies? Yes  No

If yes, how they will cope with their allergies? \_\_\_\_\_

12) Are all household members aware and in agreement with adopting a dog?

Yes  No  If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INQUIRY**

13) Who will be the primary caregiver for the pet?  Myself  Partner  Other: \_\_\_\_\_

14) How long have you been considering adopting a dog? \_\_\_\_\_

15) What do you feel are the biggest responsibilities in owning a dog? \_\_\_\_\_

\_\_\_\_\_

16) What do you plan to do with your dog?

On-leash walking     Off-leash walking     Off-leash parks     Hiking     Camping

Backyard time     Other: \_\_\_\_\_

Please indicate what characteristics you are looking for in a dog:	Yes, always	Sometimes	No, not important	Doesn't matter
Indoor protection				
Outdoor guard				
Enjoys to be cuddled				
Friendly with children				
Friendly with visitors to the house				
Active/playful/high energy				
Calm/quiet/low energy				
Independent				

**LIFESTYLE LOGISTICS**

17) As an estimate, how much money will you spend on the dog **annually**?

Vet Checkups: \_\_\_\_\_ Food/Supplies: \_\_\_\_\_ Misc (Boarding/Training/Groomers): \_\_\_\_\_

18) In case of a **medical emergency**, how much are you willing to spend on the dog?

\$0-\$750     \$750-\$1,500     \$1,500-\$3,000     \$3,000+

19) Do you plan on purchasing pet insurance?     Yes     No

20) What brand name food will you feed the dog? \_\_\_\_\_

21) What type of collar will the dog wear?

Martingale     Flat Collar     Harness     Head Halter     Prong/Choke Collar     E Collar

22) Do you have any experience in obedience training?     Yes     No

23) How many hours will the dog be **left alone**: On weekdays? \_\_\_\_\_ On weekends? \_\_\_\_\_

24) How many hours will the dog be **exercised**: On weekdays? \_\_\_\_\_ On weekends? \_\_\_\_\_

25) Where will the dog be when you are:

<b>At home?</b>	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
<b>Away from home?</b>	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
<b>At night?</b>	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
<b>On vacation?</b>	<input type="checkbox"/> With family	<input type="checkbox"/> With friends	<input type="checkbox"/> Boarding Services	<input type="checkbox"/> Coming with you	<input type="checkbox"/> Other:

26) Please describe how you will train or develop positive behaviors for your dog:

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27) The dog has eaten a pair of your favorite shoes. How would you address this kind of behavior? \_\_\_\_\_

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28) The dog had defecated or urinated in the house. How would you address this situation?

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29) If you tried to take food/toys from the dog and it growled at you, how would you address this situation? \_\_\_\_\_

30) What behaviors/obstacles are you willing to work with? If applicable, check more than one.  
 Separation Anxiety    Dog Aggression/Reactivity    Leash Manners    Barking    Jumping  
 Fearful/Shyness    Prey Drive    Mouthy/Biting    House Training    Dietary Issues    Other

31) Under what circumstance(s) would you not keep this dog? If applicable, check more than one.  
 Aggression towards other dogs    Unable to give enough time    Too many other pets  
 Pregnancy in the family    Divorce in the family    Personal Medical Reasons    Relocation    Vet Bills (too expensive)    Aggression towards people    Other: \_\_\_\_\_

32) What would you do if you could no longer take care of the dog?  
 Return it to the shelter    Rehome with friends or family    Other: \_\_\_\_\_

**ANIMAL EXPERIENCE**

33) Do you currently have any pets? Yes  No

	Name	Type of pet (specify breed)	Age	Altered? (Spay/Neuter)	Regularly Vaccinated?
1					
2					
3					
4					

34) If pets not altered or vaccinated regularly, please explain why: \_\_\_\_\_

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

36) What is your plan for introducing the dog to your current animals at home? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

37) As an adult, have you previously had any pets? Yes  No

If yes, please indicate the following:

	Name	Age	Type of Pet (specify breed)	Where are they now? What happened?
1				
2				
3				
4				

38) Have you ever rehomed or surrendered a pet before? Yes  No

If yes, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

39) Please provide the name and phone number of your veterinarian *for previous and/or current* pets. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**If you don't have a regular vet**, please explain why: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***Thank you for taking the time to complete this application.***

I consent that the information provided on this application is true and comprehensive, and that I am at least 19 years of age. I consent to the NWAS staff phoning the references provided above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*Pending approval**, when are you available to pick up the dog: \_\_\_\_\_

**FOR STAFF USE ONLY:**

*Staff: please record date and your initials*

Personal Reference: \_\_\_\_\_

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Veterinary Reference(s): \_\_\_\_\_

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Staff Notes/Observations: \_\_\_\_\_

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Communication with Applicant: \_\_\_\_\_

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Call back date: \_\_\_\_\_

Application Approved:      Yes       No       Staff Initial: \_\_\_\_\_

   Yes       No       Staff initial: \_\_\_\_\_