



LINCOLN COUNTY HUMANE SOCIETY

DOG ADOPTION APPLICATION

ADOPTER FIRST & LAST NAME:

ADDRESS:

CITY: POSTAL CODE:

PHONE: CELL PHONE:

DRIVERS LICENSE #: BIRTH DATE:

E-MAIL:

FOR OFFICE USE ONLY

SMALL DOG/PUPPY: \$385.00

LARGE DOG: \$330.00

DOG NAME:

PET POINT #

BREED: COLOUR: AGE

SEX: ALREADY ALTERED?

Please Check:

BEHAVIOUR WAIVER REQUIRED? YES or NO

MEDICAL WAIVER REQUIRED? YES or

DEPOSIT PAYMENT:

NRAS LCHS: \$25.00

METHOD OF PAYMENT:

CASH DEBIT VISA MASTERCARD

YOUR FAMILY

Please circle, check the boxes or fill in the blanks:

1. Are you over 21 years of age? **Must be 21 to complete an application** Yes or No

2. Number of adults (18+ years) in the home: _____

3. Number of children in the home: _____ (0-7 years) & _____ (8-17 years)

4. Any visiting children to the home? Yes or No

5. Any allergies to pets in the family Yes or No

6. How busy is your family's schedule?

Very Busy Busy Not Busy

7. How would you describe yourself?

Nervous Loud Calm Quiet

8. Are you planning on the following in the next month?

Moving Vacationing Change in Schedule No Changes

9. Where will your dog stay when you are away on holidays?

At home with care Boarding Other: Please specify: _____

YOUR HOME

Please circle, check the boxes or fill in the blanks:

1. What type of home do you live in?

House Townhouse CondoApartment Farm MobileHome Other: Please specify:

2. Do you own or rent your home?

Own Rent If you rent, please provide your Landlord's name and phn #: _____

3. What is your current employment status?

Full-time Part-time Unemployed Gov. Assist Retired Student Stay @ home parent

Please provide your employer: _____

4. Do you have a fenced back yard Yes or No

5. Is your yard free of debris? Safe for a pet to run Yes or No

6. On average, how many hours will your dog spend **alone** on: Weekdays _____ hours & Weekends _____ hours

7. On average, how many hours will your dog spend **outside exercising** per day on: Weekdays _____ hrs & Weekends _____ hrs

8. Where will your dog live?

Inside Outside Both

9. Where will your dog stay during the day?

Loose in the house Crate Garage Fenced Yard Outdoor Kennel/Run

Other Please specify: _____

10. Where will your dog stay during the night?

Loose in the house Crate Garage Fenced Yard Outdoor Kennel/Run

Other Please specify: _____

YOUR PETS

Please choose or check the boxes or fill in the blanks:

1. Are there any other dogs in the household? Yes or No

If yes, please list them:

NAME	BREED	AGE	SEX	FIXED?	
				Yes	No
				Yes	No
				Yes	No

2. Are there any other pets in the household? Yes or No

If yes, please list them:

NAME	TYPE/SPECIES	AGE	SEX	FIXED?	
				Yes	No
				Yes	No
				Yes	No

3. Do you take your pets to see a Veterinarian regularly / annually? Yes or No

Please provide the name of the Veterinarian Clinic/Hospital that you use: _____

If you do not presently have a Veterinarian, please provide the name of the Veterinarian Clinic you plan to use: _____

4. What name is the pet(s) file under at the Veterinarian? _____

5. Do we have permission to discuss any questions/concerns we may have with your Veterinarian concerning your pets? Yes or No

PAST EXPERIENCE/GENERAL INFORMATION

Please circle, check the boxes or fill in the blanks:

1. Who will have the primary responsibility for this dog? _____

2. Have you personally owned a dog before? Yes or No

If yes, and no longer with you, please explain what happened to the dog(s): _____

3. Please tell us why you want to adopt AND why you are a good candidate: _____

4. What would you enjoy doing with your dog?

On-Leash Walking Off-Leash Walking Off-Leash Parks Jogging Cycling Other

5. Approximately how much do you think your new dog will cost you per year for the following items?

Veterinary/Medical: \$_____ Boarding: \$_____ Food: \$_____ Grooming: \$_____

6. Have you ever surrendered or given away a pet? Yes or No

If yes, please explain why: _____

7. Under what circumstances would you return this dog?

Moving Too Costly New Baby Aggression Medical Reasons Not Enough Time Behavior Problem

If there is another circumstance, please specify: _____

8. Are you able to commit at least 15 years to this dog? Yes or No

9. Are you physically able to walk this dog? Yes or No

If no, please list those who will take responsibility for exercising the dog? _____

10. Are you willing to take this dog to professional training classes? Yes or No

11. Are you comfortable and able to work on training the dog at home? Yes or No

If yes, what experience do you have training dogs? _____

12. Please provide a name and phone # of 1 personal reference who can comment on your suitability for adoption: _____

13. In the event of separation, illness or death; who will take responsibility of this dog? _____

WHAT ARE YOU LOOKING FOR?

Please check the boxes:

PROBLEMS YOU ARE WILLING TO WORK ON OR WITH				
Separation Anxiety	Barking/Vocalization	Behavior Modification	Digging	Excitability
Poor reaction to Other Dogs	Leash Manners	Destructiveness	Fearfulness	Under Socialization
Toy Guarding	Inappropriate Mouthing	House Breaking	Food Guarding	Bite History
Jumping	Obedience	Prey Drive	Medical Care	Flight Risk
** If you are not willing to work on any of the above potential problems, please check this box:				

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT
Be friendly with children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with small animals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors in my home:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm & quiet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful & Enthusiastic:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be a guard dog:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behavior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME DOGS REQUIRE TRAINING:	YES	NO	UNCERTAIN
I need a dog that is already trained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a first time dog owner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have basic obedience trained before:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm experienced in handling difficult dogs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please have a staff member check the boxes for items you wish to purchase:

Please Note: Once these services are paid for, they will be rendered at the first opportunity. Once the service is performed, refunds cannot be issued in the event your application is cancelled or denied for any reason.

Blood Profile: \$115.00	Heartworm Test Only: \$45.00
Heartworm & Tick-Born Disease 4Dx Test: \$70.00	

ADOPTION AGREEMENT

By undersigning I certify that I have asked and have had my questions answered sufficiently, pertaining to this application, the forms and their content. I undersign and signify that all of the information contained herein is true and understand that **any false information will result in immediate application denial**. The LCHS reserves the right to refuse any applicant.

Deposits are non-refundable in the event that your application is denied for any reason.

Signature of Adopter: _____

Date: _____

OFFICE USE ONLY - Dog Adoption Application Requirements

	REQUIRED	NOT REQUIRED	APPROVED	DENIED	STAFF INITIAL
INITIAL MEET AND GREET	Write who visited here - MANDATORY:				
MEDICAL or BEHAVIOUR WAIVER REVIEWED?	MANDATORY				
PETPOINT BACKGROUND CHECK	MANDATORY		If NO concerns in Pet Point, Check this box.	See P# <i>Print & Attach Petpoint Notes (if Applicable)</i>	
CONTACT OTHER SHELTER FOR BACKGROUND CHECK	MANDATORY				
HOUSEHOLD MEET & GREET	Write who is left to come meet still:				
DOG MEET & GREET	Write how many dogs & the breed here:				
LANDLORD CONSENT	DATE	MADE CONTACT?			
VETERINARIAN CALLED	MANDATORY IF EXISTING VET IS LISTED				
PERSONAL REFERENCE CALLED	DATE	MADE CONTACT?			
YARD INSPECTION	Write if you called another H.S. or created a case and the <u>DATE</u> you did this - MANDATORY:				
ADDITIONAL SERVICES PAID	Write which services were paid for here:		Write date they were been completed here:		
OVERALL DECISION	MANDATORY				

Has the adopter been notified for pick-up? Yes or No If YES, on what DATE: _____

Staff reminded St. Catharines/Thorold adopters to purchase ONLINE dog license Yes or No

STAFF COMMUNICATION LOG (write small and legibly)

DATE	STAFF MEMBER	COMMENTS	ACTION TAKEN/ REQUIRED