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Cage # \_\_\_\_\_  
 PetPoint # \_\_\_\_\_  
 Name of Animal \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_

## DOG ADOPTION APPLICATION

**HUMANE SOCIETY LONDON & MIDDLESEX  
 RESERVES THE RIGHT TO DECLINE ANY APPLICATION**

The decision to adopt an animal is an important one. The purpose of this application is to ensure that our dogs are placed in loving homes that are able to give them a lifetime commitment. Please be aware that the adoption process may take up to 24 hours.

Basic Information					
First Name:		Last Name:			
Street Address:			Unit Number:		
City:		Province:		Postal Code:	
E-mail Address:					
Home#:		Cell#:		Work#:	
Age Range: (you must be at least 18 years old to apply)		<input type="radio"/> 18 to 29	<input type="radio"/> 30 to 44	<input type="radio"/> 45 to 65	<input type="radio"/> over 65
Are you currently (check all that apply):					
<input type="radio"/> Working (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Other: _____					
Have you ever adopted from us before?			<input type="radio"/> Yes; when? _____		<input type="radio"/> No

Spouse/ Partner Information					
First Name:		Last Name:			
Age Range:		<input type="radio"/> 18 to 29	<input type="radio"/> 30 to 44	<input type="radio"/> 45 to 65	<input type="radio"/> over 65
Are you currently (check all that apply):					
<input type="radio"/> Working (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Other: _____					

## Household Information

Please list the names of those the **age of 18 or older** that currently live with you

First Name:	Last Name:	Relationship:
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First Name:	Last Name:	Relationship:
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First Name:	Last Name:	Relationship:
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Do you have children under 18?	<input type="radio"/> Yes; please list ages _____	<input type="radio"/> No
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If yes, has your child(ren) been around dogs before?	<input type="radio"/> Yes	<input type="radio"/> No
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If yes, whose dog have they been exposed to, and how often?  
 \_\_\_\_\_

What do you consider to be appropriate behavior for children around dogs?  
 \_\_\_\_\_

Do you plan to have children in the <b>foreseeable</b> future?	<input type="radio"/> Yes	<input type="radio"/> No
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If yes, how will this change affect the future of your dog(s)?  
 \_\_\_\_\_

Has everyone in the household participated in this decision?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
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Is anyone in the household allergic to dogs?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
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Do you live in a(n):     House     Townhouse     Duplex     Semi-detached  
 Apartment; unit number \_\_\_\_\_     Condo; unit number \_\_\_\_\_

Do you....	<input type="radio"/> Rent	<input type="radio"/> Own	<input type="radio"/> Live with parents	<input type="radio"/> Roommates
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How long have you lived at your current address?

How many times have you moved in the past 5 years?

Do you plan to move in the near future?	<input type="radio"/> Yes; when?	<input type="radio"/> No
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If yes, how will this change affect the future of your dogs(s)?  
 \_\_\_\_\_

## Your Experience

Please list all the animals you have had **previously in your adult life** in the chart below:

Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	What happened to them? _____
Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	What happened to them? _____
Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	What happened to them? _____
Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	What happened to them? _____

Please list which animals you still **currently** have:

Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	Age: _____
			How long have you had them? _____
Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	Age: _____
			How long have you had them? _____
Type/breed of animal? _____	Name: _____	Where did you get him/her? _____	Age: _____
			How long have you had them? _____

Are all your pets spayed or neutered?

Yes

No

Are all your pets vaccines currently up to date?

Yes

No

If you have a dog, does (s)he get along well with other dogs?

Yes

No

If you have a cat, does (s)he get along well with cats?

Yes

No

## Animal Environment

How do you plan to introduce your dog to your other pets?

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What is the size of your yard?

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Is it completely fenced?

Yes; what height?

No

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What type of fencing is used?  Chain link  Solid wood  Wood slats

Wire mesh  Electric  Other \_\_\_\_\_

If you have no fence, how will you confine your dog outdoors?

Chain or tie out  Dog pen or kennel  Take for walks on leash

Allow to roam free  Other \_\_\_\_\_

Do you have a veterinarian?

Yes

No

If yes, what is their name and clinic name?

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If no, are you planning on getting a veterinarian?

Yes

No

## Adoption Questions

How long have you been planning to adopt?  
\_\_\_\_\_

Why do you want to adopt this particular dog?  
\_\_\_\_\_

Are you familiar with the breed type that you are wanting to adopt?

Yes

No

Please explain: \_\_\_\_\_

Are you adopting this dog for:

Yourself

Someone else; who:  
\_\_\_\_\_

On average, how many hours would your dog be left alone?  
\_\_\_\_\_

Where will you keep your dog while you are out of the house?  
\_\_\_\_\_

Where will you keep your dog at night?  
\_\_\_\_\_

Are you familiar with crate training?

Yes

No

Are you in favour of crate  
training?

Yes; why?  
\_\_\_\_\_

No; why?  
\_\_\_\_\_

How would you correct and/or prevent the following behaviours?

Running away: \_\_\_\_\_

Chewing: \_\_\_\_\_

Leash pulling: \_\_\_\_\_

Barking: \_\_\_\_\_

Jumping: \_\_\_\_\_

House soiling: \_\_\_\_\_

Play biting/mouthing: \_\_\_\_\_

Conflicts with other animals: \_\_\_\_\_

## Adoption Questions

Have you had previous experience handling/training dogs?

Yes; explain: \_\_\_\_\_

No; explain: \_\_\_\_\_

Are you willing to take your new dog to obedience/socialization classes?

Yes

No

If you go on vacation, have an unscheduled trip, emergency, or become hospitalized, what arrangements will be made for your dog?

What do you plan to do with your dog if you move?

Will your dog live indoors, outdoors or both?

Please describe a typical day for your dog:

Are there particular activities you plan to do with your dog?

Therapy  Hiking  Sledding  Hunting  Guarding  Other: \_\_\_\_\_

In your opinion, what are the most important things a dog needs?

List 5 behaviours common to dogs:

Please describe your ideal dog:

What dog behaviours would you find difficult to tolerate?

**Cost Estimates:**

Please write the estimated amount you expect to incur for the following items:

Food costs each month	\$
Supplies each month (litter box, bedding, grooming tools, toys, etc.)	\$
Annual routine veterinary care (dental, vaccinations, preventative medication)	\$
How much are you willing to spend if your dog becomes ill?	\$

**Poll:**

How did you find out about this animal?

- Facebook    Instagram    Twitter    HSLM Website    Coming into the shelter  
 Other \_\_\_\_\_

Is there anything else you'd like to share with us?

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By signing below, I certify that the information I have given is true and that any misrepresentation of facts may result in losing the privilege of adopting an animal. I understand that Humane Society London & Middlesex has the right to decline my request to adopt an animal, and I authorize investigation of all statement in this application. I also consent to allowing HSLM to send me electronic copies of newsletters.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**HSLM Adoption Counsellor Staff Notes/Remarks:**

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Name(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Date(s): \_\_\_\_\_