

- INV
- POA
- ID



Shelter Buddy # _____

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.

| Basic Information | | | | |
|---|--------------------------------|--------------------------------|--|-------------------------------|
| First Name: | | Last Name: | | |
| Street Address: | | | Unit Number: | |
| City: | | Province: | | Postal Code: |
| E-mail Address: | | | | |
| Home#: | | Cell#: | | Work#: |
| 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: <input type="radio"/> Working (if so, how many hours/week? _____) | | | | |
| <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired | | | | |
| <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: <input type="radio"/> Working (if so, how many hours/week? _____) | | | | |
| <input type="radio"/> In school (if so, how many hours/week? _____) <input type="radio"/> Homemaker <input type="radio"/> Retired | | | | |
| <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: |
| First Name: | Last Name: | Relationship: |
| First Name: | Last Name: | Relationship: |

| | | |
|--------------------------------|--|--------------------------|
| Do you have children under 18? | <input type="radio"/> Yes; please list ages _____ | <input type="radio"/> No |
|--------------------------------|--|--------------------------|

| | | |
|--|---------------------------|--------------------------|
| If yes, has your child(ren) been around dogs before? | <input type="radio"/> Yes | <input type="radio"/> No |
|--|---------------------------|--------------------------|

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 foreseeable future? | <input type="radio"/> Yes | <input type="radio"/> No |
|---|---------------------------|--------------------------|

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 |
|--|---------------------------|--------------------------|---------------------------|

| | | | |
|--|---------------------------|--------------------------|---------------------------|
| Is anyone in the household allergic to dogs? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
|--|---------------------------|--------------------------|---------------------------|

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 |
|------------|----------------------------|---------------------------|---|---------------------------------|

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 |
|---|----------------------------------|--------------------------|

If yes, how will this change affect the future of your dog(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? |

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? | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| Are all your pets vaccines currently up to date? | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| If you have a dog, does (s)he get along well with other dogs? | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |
| If you have a cat, does (s)he get along well with dogs? | [<input type="checkbox"/>] Yes | [<input type="checkbox"/>] No |

Animal Environment

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

What is the size of your yard?

Is it completely fenced?

Yes; what height?

No

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 _____

What is your veterinarian's name?

Phone#

Adoption Questions

How long have you been planning to adopt?

Why do you want to adopt this particular dog?

Are you familiar with the needs of 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 favor of crate training? | <input type="checkbox"/> Yes; why? _____ _____ | <input type="checkbox"/> No; why? _____ _____ |
|-------------------------------------|--|---|

How would you correct the following behaviors?

Running away

Chewing

Mouthing

Barking

Jumping

House soiling

Conflicts with resident animals

Have you had previous experience 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?

Please list 5 behaviors common to dogs

Please describe your ideal dog

What dog behaviors 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 year (bedding, grooming tools, toys, etc.) | \$ |
| 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
 Website Coming into the shelter Other _____

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 the Humane Society London & Middlesex has the right to decline my request to adopt an animal, and I authorize investigation of all statements in this application.

Signature

Date

FOR OFFICE USE ONLY

Dogs Name: _____ Shelter Buddy # _____

Breed/Markings _____ Age at Admission _____

Identification: Drivers License # _____

Other Identification _____

Customer Service Staff Notes/Remarks:

Name

Date

Adoption Counsellor Notes/Remarks
