

Dog Adoption

<p style="text-align: center;"><i>Office Use Only</i></p> <p>Dog's Name: _____</p> <p>Log #: _____</p> <p>Sex: _____</p> <p>Age: _____</p> <p>Breed: _____</p>	 <p style="font-weight: bold; font-size: 1.2em;">QUINTE HUMANE SOCIETY</p>	<p style="text-align: center;"><i>Office Use Only</i></p> <p><input type="checkbox"/> 24 Hour Hold <input type="checkbox"/> Meet and Greet Required</p> <p><input type="checkbox"/> Spoken For <input type="checkbox"/> Needs Cat Test</p> <p><input type="checkbox"/> Deposit Paid</p> <p>Surgery Date: _____</p> <p>Pick Up Date: _____</p>
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Information ABOUT YOU and YOUR HOME

<p>Name(s): _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Home Phone: _____ Cell Phone: _____</p> <p>Email: _____</p> <p><i>Emergency Contact (Used for Microchip Registration)</i></p> <p>Name: _____ Phone #: _____</p>	<p>1: Total # of adults in the home: _____</p> <p>2: Are there children in the home or that visit frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3: Total # of children: _____</p> <p>4: Ages of children: _____</p>
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5: I want to adopt a dog for:

Myself
 Family in the same home
 Someone else
 A Surprise/Gift

<p>6: Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7: Do you live with your parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list their name(s) and phone number: _____</p>	<p>8: Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what will you do with the animal after you are done with school? _____</p>
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9. Who will be responsible for the care and well-being of the dog? _____

10. Does anyone in the household have an allergy to dogs? Yes No

If yes, how would you cope with adding this dog to your family? _____

11. What type of residence do you live at?

House
 Apartment
 Townhouse
 Condo
 Mobile Home
 Other _____

12. Do you rent? Yes No

If yes, does your landlord/ rental agency allow pets? Yes No

Please list your landlord's name and phone number: _____

13. How long have you lived at your current address? _____

<p>14: Will the dog be kept as:</p> <p><input type="checkbox"/> A House dog</p> <p><input type="checkbox"/> An Outside dog</p> <p>15: How long will the dog spend alone on a daily basis?</p> <p>_____</p>	<p>16: Where will the dog stay when you are not home?</p> <p><input type="checkbox"/> Loose in the home</p> <p><input type="checkbox"/> Crated inside</p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Other _____</p>	<p>17: If the dog is outside alone it will be:</p> <p><input type="checkbox"/> In a fully fenced in yard</p> <p><input type="checkbox"/> Free Roaming</p> <p><input type="checkbox"/> Kennel/Run</p> <p><input type="checkbox"/> Tie out/Chain</p> <p><input type="checkbox"/> Will not be outside alone</p> <p><input type="checkbox"/> Other _____</p>
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18. Do you consent to a home check before adoption? Yes No

<p>19: Have you ever adopted a pet from the Quinte Humane Society?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20: Have you ever surrendered an animal to an SPCA or animal rescue organization?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>21: Have you or anyone in your household ever been investigated for cruelty to animals?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Animal History Questionnaire

22: Do you or have you ever owned a dog before?

- Yes, I currently own a dog
 Yes, I have owned a dog before
 No, I have not owned a dog before

23: Please list all the pets you have owned in the past and what happened to them: _____

24: Please list all the pets you currently own, stating their species (cat/dog/ etc.), age, gender and if they are spayed or neutered: _____

25: Is your current animal(s) up to date on vaccinations?

- Yes No

26: Do you have a veterinarian clinic you currently use? Yes No

If yes, do you give the Quinte Humane Society permission to contact them for a reference and release of your animal's medical history? Yes No

27: Name and phone number of Veterinarian Clinic: _____

About the Dog you'd like to Adopt

In the following section, please check all boxes that apply to each question.

28: What temperament are you looking for in a dog?

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Playful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Dependant | <input type="checkbox"/> Calm | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Active | <input type="checkbox"/> Couch Potato | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> Very Social | <input type="checkbox"/> Loner | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Other: _____ | | |

29: It is extremely important that my new dog:

- | | |
|---|---|
| <input type="checkbox"/> Likes other Dogs | <input type="checkbox"/> Likes Cats |
| <input type="checkbox"/> Likes Children | <input type="checkbox"/> Likes Strangers |
| <input type="checkbox"/> Is housetrained | <input type="checkbox"/> Is obedience trained |
| <input type="checkbox"/> Other: _____ | |

30: Why would you like to adopt this dog?

- | | |
|---|---|
| <input type="checkbox"/> Pet and Companion | <input type="checkbox"/> Playmate for Child |
| <input type="checkbox"/> Playmate for another Pet | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Guard dog | <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Other: _____ | |

32: Do you feel a dog is a lifetime commitment?

- Yes No

33: Would you be willing to take training classes if the dog needs them?

- Yes No

31: Would you ever return a dog for the following reasons?

- | | |
|--|---|
| <input type="checkbox"/> Digging | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Chewing/Destructiveness | <input type="checkbox"/> Not good with children |
| <input type="checkbox"/> Mouthing | <input type="checkbox"/> Barking |
| <input type="checkbox"/> Roaming/Running Away | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Too hyper/energetic | <input type="checkbox"/> Change in lifestyle |
| <input type="checkbox"/> Not good with strangers | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Not good with other animals | |
| <input type="checkbox"/> Not housetrained/failure to houstrain | |
| <input type="checkbox"/> Other: _____ | |

- I understand that QHS does not have a vet on staff and that the animal I am applying to adopt has not been examined by a veterinarian.
- I understand that deposits and adoption fees are non-refundable.
- I understand and consent that the Quinte Humane Society may inspect the animal and if the conditions under which it is kept are not considered satisfactory by the QHS, in its sole discretion may take repossession of the animal.
- I hereby state that all answers are truthful and understand that QHS reserves the right to decline any application at their own discretion.

Applicant's Signature: _____
Date: _____

Office Use Only:

Approved 110: _____
Staff's Signature: _____

Name Check