



HUMANE SOCIETY OF KAWARTHA LAKES

111 McLaughlin Road, Lindsay, Ontario, K9V 6K5

Tel: (705) 878-4618 Fax: (705) 878-5141

Email: shelter.hskl@cogeco.net

DOG ADOPTION APPLICATION

SHELTER # _____

DOG'S NAME: _____ SEX: MALE FEMALE AGE _____

SPAYED / NEUTERED
 INTACT

THE FOLLOWING QUESTIONS ARE DESIGNED TO HELP YOU THOROUGHLY UNDERSTAND THE RESPONSIBILITY OF THE COMMITMENT YOU ARE ABOUT TO MAKE. PLEASE ANSWER ALL QUESTIONS AS HONESTLY AS YOU CAN. EACH APPLICATION WILL BE REVIEWED BY OUR ANIMAL CARE STAFF TO MAKE SURE THAT THIS ADOPTION IS IN THE BEST INTEREST OF BOTH YOU AND THE PET. THE HUMANE SOCIETY OF KAWARTHA LAKES RESERVES THE RIGHT TO DEFER ANY ADOPTION THAT IT DETERMINES WOULD NOT BE IN THE ADOPTER'S OR THE PET'S BEST INTEREST.

NAME _____ HOME # _____ CELL # _____

ADDRESS _____ EMAIL _____

CITY _____ POSTAL CODE _____ BUS # _____

ADOPTER INFORMATION:

PRIMARY OWNER AGE RANGE UNDER 18 18 - 29 30-44 45-65 OVER 65

DWELLING HOUSE TOWNHOUSE CONDO APT DORM OTHER (SPECIFY) _____

OWN RENT: ARE YOU RESTRICTED FROM OWNING AN ANIMAL? YES NO

SIZE OF EXERCISE AREA _____ CONFINEMENT/CONTROL FENCED YARD CABLE WALK ON LEASH TIED UP

THE DOG WILL PRIMARILY BE KEPT IN THE : HOME YARD BOTH OTHER: (SPECIFY) _____

DO YOU HAVE YOUNG CHILDREN (UNDER 5 YEARS OLD)? YES NO

DO ANY MEMBERS OF YOUR HOUSEHOLD HAVE ALLERGIES TO ANIMALS? YES NO

HOW WOULD YOU RATE THE NOISE/ACTIVITY LEVEL IN YOUR HOME? LOW MEDIUM HIGH

VETERINARIAN'S NAME _____ TEL. # _____

MAY WE MAKE CONTACT FOR A REFERENCE? YES NO

WHAT TYPE(S) OF PET(S) DO YOU OWN, OR HAVE YOU OWNED DURING THE PAST FIVE (5) YEARS?

TYPE/BREED	AGE	SEX	ALTERED	STILL OWN	VACCINE CURRENT	
1. _____	_____	<input type="checkbox"/> MALE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> INDOOR
		<input type="checkbox"/> FEMALE	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> OUTDOOR
2. _____	_____	<input type="checkbox"/> MALE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> INDOOR
		<input type="checkbox"/> FEMALE	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> OUTDOOR
3. _____	_____	<input type="checkbox"/> MALE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> INDOOR
		<input type="checkbox"/> FEMALE	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> OUTDOOR

HAVE YOU HAD ANY PETS THAT DIED OF: UNKNOWN CAUSES CONTAGIOUS DISEASE ACCIDENT

IF YES, PLEASE PROVIDE DETAILS: _____

HOW LONG HAVE YOU BEEN PLANNING ON ACQUIRING A DOG? _____

WHAT TYPE OF IDENTIFICATION DO YOU PLAN TO PLACE ON YOUR NEW PET? LICENSE RABIES TAG TATTOO/MICROCHIP

WILL YOUR NEW PET BE AN INDOOR OR OUTDOOR ANIMAL? INDOOR OUTDOOR

ARE YOU PLANNING ON HAVING THE DOG SPAYED / NEUTERED? YES NO

IF 'NO', PLEASE EXPLAIN: _____

ARE YOU PLANNING TO ENROL THE DOG IN OBEDIENCE CLASSES? YES NO

I HAVE EXPERIENCE WITH: HOUSE TRAINING YES NO
CRATE TRAINING YES NO

AN ADULT DOG REQUIRES ONE HOUR OF YOUR TIME EACH AND EVERY DAY, A PUPPY REQUIRES MUCH, MUCH MORE.
IS THERE SOMEONE HOME DURING THE DAY? YES NO

WE NEED A DOG THAT WILL TOLERATE BEING ALONE _____ HOURS PER DAY.

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ADOPTER PREFERENCES:

SIZE OF DOG: SMALL MEDIUM LARGE GIANT

TOLERANT OF CHILDREN: VERY TOLERANT SOMEWHAT TOLERANT MILDLY TOLERANT

VOCAL: QUIET, SELDOM BARKS BARKS FOR A REASON BARKS FREQUENTLY

SHORT HAIR (EASY GROOM) MEDIUM HAIR (SOME GROOMING) LONG HAIR (EXTENSIVE GROOMING)

ENERGY / ACTIVITY LEVEL: HIGH MEDIUM LOW

CHOOSE ALL THAT APPLY: ENJOYS WALKING ON A LEASH ENJOYS WALKING ON OR OFF LEASH

EXERCISES IN YARD REQUIRES LITTLE TO NO EXERCISE

ENJOYS SWIMMING REQUIRES A LOT OF EXERCISE

ENJOYS PLAYING WITH OTHER DOGS EXERCISES ON A TIE-OUT

FAVOURITE BREED / TYPE OF DOG: _____

AGE RANGE: _____ PUPPY ADOLESCENT SENIOR MALE FEMALE

TYPE & TEMPERMENT: (CHECK ALL THAT APPLY)

OUTDOOR DOG HIGHLY TRAINABLE AFFECTIONATE QUIET

INDOOR DOG WELL TRAINED ALREADY ALOOF PREFER HOUSE TRAINED

LAP DOG ATHLETIC BOLD &/ AGGRESSIVE MUST BE HOUSE TRAINED

MANNER OF RELATING TO DOGS: STRICT, DEMANDING (DOG MUST WORK FOR EVERYTHING)

LENIENT (LITTLE DISCIPLINE)

SOMEWHAT IN-BETWEEN

DOG WOULD TRAVEL IN THE CAR: OCCASIONALLY FREQUENTLY

DOG 'BAD HABITS' THAT ARE INTOLERABLE: _____

REASONS FOR ADOPTING THIS ANIMAL: (CHECK ALL THAT APPLY)

PET & COMPANION BREEDING OTHER: (PLEASE SPECIFY)

WATCHDOG A GIFT _____

HUNTING DOG FOR A SENIOR _____

GUARD DOG FOR A CHILD _____

AREAS YOU WOULD LIKE TO DISCUSS WITH ADOPTION STAFF: (CHECK ALL THAT APPLY)

HOW TO INTRODUCE NEW DOG TO OTHER PETS IN HOUSEHOLD

REASONS FOR SPAY / NEUTER CLIPPING NAILS PROPER SOCIALIZATION

IMPORTANCE OF IDENTIFICATION WHAT TO DO IF CAN'T KEEP HOUSE BREAKING

HOW TO RECOGNIZE FEMALE IN HEAT CRATE TRAINING PET INSURANCE

CHILDREN & DOGS/PUPPIES OBEDIENCE TRAINING _____

RECOMMENDED TOYS DIET / NUTRITION _____

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS TRUE AND THAT I RECOGNIZE ANY MISREPRESENTATION OF FACTS MAY RESULT IN MY LOSING THE PRIVILEGE OF ADOPTION. I ALSO REALIZE THAT A PET IS A LIFE-LONG COMMITMENT AND I AM READY TO MAKE THIS COMMITMENT.

I UNDERSTAND THAT THE HUMANE SOCIETY OF KAWARTHA LAKES HAS THE RIGHT TO DENY MY REQUEST TO ADOPT AN ANIMAL, AND I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION IS THE PROPERTY OF THE HUMANE SOCIETY OF KAWARTHA LAKES.

ADOPTER

STAFF

SHELTER MANAGER

DATE

DATE

DATE