

Person ID#: _____



Prince Albert Society for the Prevention of Cruelty to Animals
1125 North Industrial Drive
Box 1832, Prince Albert, SK S6V 6J9
Phone: 306-763-6110 Fax: 306-763-2819
E-mail: adoptions@princealbertspca.ca

Canine Adoption Application

We can't tell you how much we appreciate you giving one of our beloved pets a second chance. Many of our animals are at the shelter because their former owners did not think through the responsibilities of owning a pet enough to ensure they'd stay there forever. If there is one thing we know, it is that the animals in our care deserve a better hand than they were dealt in the past. For this reason, we are committed to ensuring that our pets find homes that last forever this time. We ask for your patience and so-operation in the process of bringing you and your new best friend a lifetime of happiness together.

In order to be considered as an adopter, you must:

- **Be 18 years or older**
- Have photo identification showing your present address
- Have the knowledge and consent of your landlord
- Be willing to provide proof of ownership of your home if required
- Be able and willing to spend time and money to provide training, medical treatment and proper care for your future pet
- Adhere to your local by-laws pertaining to the care and control of dogs

Animal's Name you are interested in: _____

Animal's ID#: _____

Personal Identification:

Photo Identification Verification: _____ (staff initial)

Legal Name: _____

Address: _____ Apt. #: _____ City: _____

Postal Code: _____ Home Phone #: _____ Cellphone # _____

E-mail (required): _____



Your Home Life

(Please circle and answer the following)

1. Have you adopted from us before? **Yes - No**
2. Have all members of the household met this animal? **Yes - No**
3. Are there children in the house? **Yes - No**
Ages: _____
4. Any allergies in the family? **Yes – No**
5. How busy is your family's schedule?
Very busy – Busy – Not Busy
6. How would you describe yourself?
Nervous – Loud – Calm – Quiet
7. What type of home do you live in?
Acreage – House – Apartment
8. Do you: **Own – Rent**
9. Do you have your landlord's permission to have pets? **Yes – No**

If Yes, Please provide us with contact information for your landlord:

10. On average, how many hours will your dog be alone during:
Weekdays: _____ Weekends: _____
11. Approximately how much do you think your dog will cost you annually?
 - Vet/Medical \$ _____
 - Food \$ _____
 - Boarding \$ _____
 - Grooming \$ _____

Caring for Your New Dog

(Please circle and answer the following)

1. Have you owned a dog before? **Yes – No**
2. Do you have other pets at home? **Yes – No**

Name: _____ Species: **Cat – Dog**

Breed: _____ Sex: **Male – Female**

Spayed/neutered: **Yes – No**

Name: _____ Species: **Cat – Dog**

Breed: _____ Sex: **Male – Female**

Spayed/neutered: **Yes – No**

Other: _____

3. Have your other pets been annually vaccinated? **Yes – No**
4. Have you ever surrendered or re-homed an animal? **Yes – No**

If yes, please explain why: _____

5. How many hours will you be able to provide your new dog?

Weekdays: _____ Weekends: _____

6. Please provide us with the name and phone number of your current vet:

7. Have you ever been convicted of neglect or cruelty to animals? **Yes – No**

8. What methods would you take to eliminate undesirable behaviours in your dog?

What is the most important aspect of your future dog? _____

Please Check off the Answers that Apply to you

My dog needs to be good with:	<input type="checkbox"/> Children <input type="checkbox"/> Elderly citizens	<input type="checkbox"/> Other Dogs <input type="checkbox"/> Cats	<input type="checkbox"/> Farm Animals
I am looking for the following characteristics in a dog:	<input type="checkbox"/> Dependent <input type="checkbox"/> Independent	<input type="checkbox"/> Low Energy <input type="checkbox"/> Medium Energy	<input type="checkbox"/> High Energy
My dog will be primarily an:	<input type="checkbox"/> Inside Dog	<input type="checkbox"/> Outside Dog	
When I am not at home my dog will spend its time:	<input type="checkbox"/> Outside <input type="checkbox"/> In garage	<input type="checkbox"/> Loose in house <input type="checkbox"/> Kenneled	
Are you able to do some training with my dog to improve manners such as pulling on leash, jumping etc.:	<input type="checkbox"/> No training	<input type="checkbox"/> Some training	<input type="checkbox"/> A lot of training
Which training issues would you be willing to work on?	<input type="checkbox"/> Separation Anxiety <input type="checkbox"/> Obedience <input type="checkbox"/> House Training	<input type="checkbox"/> Excitability <input type="checkbox"/> Fearfulness <input type="checkbox"/> Reaction to other dogs	<input type="checkbox"/> Mild Aggression <input type="checkbox"/> Barking <input type="checkbox"/> I am not willing to work on any problems
What sort of confinement would you use for this dog outside?	<input type="checkbox"/> Fully fenced yard <input type="checkbox"/> Partially fenced yard	<input type="checkbox"/> Dog run/kennel <input type="checkbox"/> Leash	<input type="checkbox"/> Loose <input type="checkbox"/> Undecided
Under what circumstance would you re-home your	<input type="checkbox"/> Moving <input type="checkbox"/> Too Costly	<input type="checkbox"/> New Baby <input type="checkbox"/> Animal- Medical	<input type="checkbox"/> Aggression <input type="checkbox"/> Personal- Medical

dog?	<input type="checkbox"/> Behavioral Problem	Reasons <input type="checkbox"/> Not enough time	Reasons
If your dog is loose on your property, are you prepared to contain the dog if the neighbor complains? Yes – No If Yes, then how? _____			

9. Are you willing to have a PA SPCA representative do a home visit by appointment? **Yes – No**

Completing this application you are agreeing that upon adopting a dog from our shelter, you agree to the responsibilities associated to ownership of a dog. This includes, but is not limited to:

- Providing proper nutrition, exercise shelter and training for the dog
- Providing any future vet care or medical needs for the dog in its lifetime
- Purchasing an annual license of my city, municipality or district if required
- Keeping the dog’s microchip information current

I agree that once I adopt an animal, I become the legal owner and caretaker of that animal. The Prince Albert SPCA is not permitted to provide any medical treatment to any owned animal once adopted.

I understand that my information provided will be used internally by the PASPCA and will **not** be released to any third party.

Falsified Information will lead to an automatic rejection of the application. The PA SPCA reserves the right to deny any application. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to the adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully throughout decision. This will ensure a long loving, lasting relationship between owner and loving pet.

Application Signature: _____ Date: _____

It’s time to **make a commitment!**

