



371 Ward Street, Port Hope, ON L1A 4A4

Phone (905) 885-4131

e-mail: [info@northumberlandhs.com](mailto:info@northumberlandhs.com)

Fax (905) 885-8027

## Dog Adoption Application

DATE: \_\_\_\_\_ NAME OF PET: \_\_\_\_\_

To be considered for an adoption, you must:

- have the knowledge and consent of all members of the household
- be 18 years of age
- have valid I.D and a current address
- understand that the Northumberland Humane Society has the right to refuse your application.

**Our goal is to ensure that you and your new pet have many happy, healthy years together and that the experience will be rewarding for you both. Please help us by answering the following questions honestly; your responses are kept strictly confidential. All questions must be answered to be considered for adoption.**

**Please initial after reading.** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you:  18-25  26-35  36-45  46-55  56-65  65+

Are you:  attending school  working full-time  part-time  retired

Other (please specify) \_\_\_\_\_

Do you:  Own  Rent  Other (please specify) \_\_\_\_\_

Please provide your landlord's name and phone number: \_\_\_\_\_

Where did you see/hear about this pet?

- "Pet of the Week" Article  Newspaper article  Website  Media (Radio/TV)  
 Shelter visit  Pet Store  Facebook

Other (please specify) \_\_\_\_\_

How many adults are in your household? \_\_\_\_\_ How many children are in your household? \_\_\_\_\_

Please list your children's ages: \_\_\_\_\_

Please explain your children's experience/comfort level with animals:

---

---

Even if there are currently no children in your house how will you educate young children to understand appropriate pet interaction necessary to ensure that neither child nor pet gets hurt?

---

---

Is anyone in your household allergic to animals? \_\_\_\_\_

Even if no one is allergic at the present time, what will you do if you or a family member develops allergies to the animal(s)? \_\_\_\_\_

---

---

Do you have any current pets? (Please list them, with their names, ages, spayed/neutered and personalities)

---

---

---

---

Please tell us about your pet experience with past and present pets? **(Please list them, with their names, ages and whether or not they are spayed or neutered, date of last vet visit and if they are currently in the household).**

---

---

---

---

---

---

Have you ever had to give up or rehome a pet? If so, what were the circumstances.

---

---

---

---

Please provide your veterinarian's name and phone number that you have used or are planning to use if you have not had one before. (If you have used more than 1 vet, please list all that apply, with phone numbers if possible)

---

---

Please explain your reasons for adopting a pet today and what your ideal pet would be?

---

---

---

If you go on vacation, what will you do with your pet? \_\_\_\_\_

---

This pet will be alone for \_\_\_\_\_ hours/day, \_\_\_\_\_ days/week

Please describe the activity level in your home  Very Busy  Somewhat Busy  Quiet

Do you have a fenced backyard?  Yes  No  Other: \_\_\_\_\_

If your yard is not fully fenced, how do you intend to keep the dog safe while outdoors? \_\_\_\_\_

---

---

What type of accommodation will you be providing for this dog?:

Indoor with frequent walks  Outdoors  Other: \_\_\_\_\_

Please tell us about a dog's characteristics which are most important to you (check all that apply):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Good with other dogs | <input type="checkbox"/> Good with cats | <input type="checkbox"/> Good with children | <input type="checkbox"/> House-trained         |
| <input type="checkbox"/> Playful              | <input type="checkbox"/> Cuddly         | <input type="checkbox"/> Quiet/calm.        | <input type="checkbox"/> Friendly to strangers |
| <input type="checkbox"/> Off-leash trained    | <input type="checkbox"/> Easy to walk   | <input type="checkbox"/> Crate Trained      | <input type="checkbox"/> Protection            |

Please tell us about your level of dog experience:

- First-time Owner  Average Experience  Highly Experienced  
 Experienced with behavioural issues

Tell us about the different personalities and behaviours of your previous pets.

---

---

---

Some of our animals needing homes are from unstable backgrounds and may have some behavioural problems. How will you help your new pet adjust to their new home and family? Please provide all the step you will take to help them become comfortable.

---

---

---

How do you plan on training your new dog? What methods will you use?

---

---

---

Please state the trainer or training facility that you would use for your new dog.

---

---

---

Have you ever house-trained a dog?  Yes  No

What will you do if the dog you are adopting today shows their teeth, growls, lunges or bites?

---

---

---

Are there any circumstances under which you would return this animal? Please explain:

---

---

---

Are you willing and able to bear the cost of medical attention throughout this pets life? How will you ensure that you are ready for any medical care needed whether regular maintenance or emergencies?

---

---

---



---

# Release of Medical Information and Veterinary Records

I, \_\_\_\_\_, hereby request that \_\_\_\_\_ release  
*(owner/custodian)* *(veterinarian)*

any information pertaining to \_\_\_\_\_ contained in the veterinary records  
*(name of animal/s)*

at the \_\_\_\_\_ to the Northumberland Humane Society.  
*(clinic name)*

This request and authorization is limited to the above-noted agency. This shall be your good and sufficient authority for doing so.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

\_\_\_\_\_  
Name of owner/custodian

---

\_\_\_\_\_  
Signature

---

\_\_\_\_\_  
Name of Witness

---

\_\_\_\_\_  
Signature