



Dog Adoption Application

Name of the Dog: _____ Date: _____

We carefully screen each applicant to ensure that our animals are matched with the right guardian in the best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of the NHS once submitted. This application will be reviewed by our staff members and it may take up to a week to be processed. We reserve the right to decline applications for any reason.

To be considered for an adoption you must:

- Have the knowledge and consent of all members of your household.
- Be 18 years of age.
- Have a valid I.D and a current address.

First Name: _____ Last Name: _____

Address: _____ Apt#: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Are you: attending school working full-time part-time retired
Other (please specify) _____

Do you: Own Rent Other (please specify) _____

2363 Theatre Road, Cobourg, ON K9A 4W5
Phone: 905-885-4131, Fax: 905-885-8027

info@northumberlandhs.com www.northumberlandhs.com

If renting you must provide landlord contact information and/or written approval *or we cannot process the application:* _____

_Yes _No _Not applicable

How many adults are in your household? _____

Do your children between 0 to 18? If yes, please state ages of your kids _____

Do you have frequent visitors at the house (children, grandchildren, etc.)?

_Yes _No

Animal History Questionnaire

Is anyone in your household allergic to animals? _Yes _No

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).*

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)*

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

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?

How many hours will you leave the pet left alone?

___on weekdays? ___on weekends?

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How many hours will the dog be exercised each day?

___on weekdays? ___on weekends?

Please describe the activity level in your home:

- Very busy
- Somewhat busy
- Quiet

Do you have a fenced backyard? Yes No

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

- Indoor with frequent walks
- Outdoors, *please specify:* _____

About the Dog you would like to Adopt

What temperament are you looking for in a dog? (check all that apply):

- Playful Social Dominant Submissive
- Independant Quiet Active Calm
- Likes other dogs Likes other cats Good with kids Likes strangers
- Is house trained Is crate trained Is obedience trained

Why would you like to adopt this dog?

- Looking for a companion Playmate for another dog Playmate for a child
- Guard dog Hunting Other

Please tell us about your level of dog experience:

- First-time Owner Average Experience Experienced with dogs

What is your plan of introducing your dog to your current animals at home?

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 steps you will take to help them become comfortable:

What behaviours/obstacles are you willing to work with?

If applicable, check more than 1:

- Separation anxiety Dog aggression/reactivity Leash manners
 Barking Jumping Fearful/Shyness
 Pray drive_Mouthing/biting House training Dietary issues Other

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

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

Please explain:

Do you plan on purchasing pet insurance? Yes No

I certify that the information I have given is true and I authorize investigation of all statements in this application.

Signature: _____ Date: _____

