

Crowsnest Pass S.P.C.A

P.O. Box 725, Blairmore, AB T0K 0E0
Office: 403) 564 – 4999 office@cnpSPCA.ca

DOG ADOPTION APPLICATION

(Please Print Clearly & Answer all Questions)

The Crowsnest Pass SPCA has the right to refuse adoption to anyone.

Applicant's name _____ Driver's License #: _____
Street Address _____ Apt# _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Home Phone _____ Work Phone _____
Email _____

DESCRIPTION OF RESIDENCE:

Do you Rent? _____ Own? _____

___ House Property owner's name: _____ Phone _____
___ Apartment How long have you lived here? _____
___ Mobile-Home
___ Duplex #Adults in house _____ #Children _____ Children's Ages _____

WHAT PETS DO YOU CURRENTLY HAVE IN YOUR HOUSEHOLD?

KIND SPAY/NEUTER KEPT WHERE? TIME OWNED AGE

Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Other _____ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |

LIST PREVIOUS PETS

KIND SPAY/NEUTER KEPT WHERE? TIME OWNED AGE

Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |
Dog ___ Cat ___ | Yes ___ No ___ | In ___ Out ___ | _____ | _____ |

WHAT HAPPENED TO THE PET(S) _____

- Are you at least 18 years old? ___ Yes ___ No
- What is the name of your veterinarian & Name of Clinic? _____
- Veterinarian's address _____ Phone # _____
- How long have you used this Vet? _____
- Who will be responsible for the daily care/feeding of this dog? _____
- Who will financially support this dog? _____
- Do you understand that regular and emergency vet care can be very expensive and can this person manage this financial responsibility? _____
- Reason for wanting this dog? _____
- Where will you keep this dog? _____
- Where will you keep this dog when you TRAVEL? _____

- Do all members of this household *WANT* this dog? _____
 - Do any of the members of this household have allergies to animals? _____
 - If you have young children, they need to be educated on how to interact with the dog in order to prevent dog bites, are you able/willing to do that? ___Yes ___No
 - How long will you give this dog to adjust to its new home? _____
 - How many hours will your dog spend alone? _____
 - Would you object to a follow-up home visit Yes__ No__ Best day/time:_____
 - What amount of time will the dog be inside? _____outside?_____
 - If adopting a dog, do you have an outside doghouse? _____Yes _____No
 - If adopting a dog, do you have a fenced yard? _____Yes _____No
 - If adopting a dog, do you have a shaded area outside? _____Yes _____No
 - Do you realize that an outside dog may entertain itself by digging, chewing home items and/or escaping and wandering? ___Yes ___No
 - What will you do if your dog shows destructive behavior? (Digging, chewing, jumping, tearing up plants/furniture or running off) _____
 - Do you realize that you will probably have to housetrain your new puppy/dog? ___Yes _____No
 - Would you like information on how to housetrain a new puppy or dog? ___Yes _____No
- If adopting an adult dog, how many times per day will you exercise it? 1 2 3
- What form of exercise will you provide for your dog?

- Do you realize that dogs often live longer than 10 years and are you willing to assume responsibility for that long?
___Yes _____No
- How will you keep the dog confined to your property? **(Check all that apply)**
___In House ___Kennel ___Fence ___Chain ___Patio ___Garage ___Leash
Other (please explain) _____
- Have you applied to adopt from this shelter before today? ___Yes ___No
Date: _____ Pet Adopted? ___Yes ___No
If yes, where is this animal now? _____

Please provide 2 References: name/phone number/ relationship (do not include relatives):

I certify the above is true and that false information may result in nullifying this adoption. The Crowsnest Pass SPCA has the right to refuse adoption to anyone. I understand that no animal can be held for me. I understand that if approved for adoption all animal control by-laws must be followed and any licensing requirements must be met. Failure to follow the Animal control by-law as put forward by the Municipality of Crowsnest Pass, and provisions under the Animal Protection Act of the Province of Alberta; shall nullify this agreement.

Applicant **Printed Name** _____ Date _____

Signature _____

Received by CNP SPCA Representative _____ Date _____

Witness _____ Witness Printed Name _____