

In order to be considered for an adoption, you must: be 18 years of age; have the knowledge and consent of all adults living in your household; provide valid identification with your current address; and provide the name and phone number of your landlord/superintendent/management company in a condo or rental situation.

The information provided here will help us find the best match for you and your family.

### Section 1

Name	Home Phone Number	Work Phone Number
Address	City	Postal Code
Are you <input type="checkbox"/> Attending School <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Other ( <i>specify</i> )		
Living Arrangements <input type="checkbox"/> House <input type="checkbox"/> Apartment ( <i>Indicate Floor</i> ) <input type="checkbox"/> Town House <input type="checkbox"/> Shared Accommodation <input type="checkbox"/> Semi-detached		
Do you <input type="checkbox"/> Live with Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent	How long have you lived at your current address?	
Landlord/Superintendent's Name		Phone Number

### Section 2

Please tell us the following

Number of adults in the household	Number of children in household and their ages
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Which member of your household will hold the primary responsibility for the following:			Does anyone in your home have allergies to pets?
Feeding the new pet	Training the new pet	Exercising the new pet	<input type="checkbox"/> Yes <input type="checkbox"/> No

Check any/all of the following that apply to the reasons why you would like to adopt a dog from us

<input type="checkbox"/> Companion for person	<input type="checkbox"/> Companion for other pet	<input type="checkbox"/> Breeding	<input type="checkbox"/> Gift	<input type="checkbox"/> For a School
<input type="checkbox"/> For a Special Needs Facility	<input type="checkbox"/> For a Retirement Residence	<input type="checkbox"/> For a Barn	<input type="checkbox"/> For a Child	<input type="checkbox"/> Guarding
<input type="checkbox"/> Hunting	<input type="checkbox"/> Other ( <i>Specify</i> )			

What type(s) of pet(s) do you own, or have owned, during the past five years?

Type/Breed	Age	Sex (Spayed/Neutered)	Vaccination Date	Still Own

Name of Veterinarian	Name of Veterinarian Clinic	Phone Number
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How often are you prepared to take your pet to the veterinarian? <input type="checkbox"/> Once a year <input type="checkbox"/> As required	How much do you expect that you will spend yearly to feed, vaccinate, license, and provide medical care for your pet? \$
If you go on vacation, what will you do with your pet?	If you move, what will you do with your pet?

Describe your home atmosphere <input type="checkbox"/> Grand Central Station <input type="checkbox"/> Some Activity <input type="checkbox"/> Very Quiet	Do you plan to spay or neuter your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Section 3**

Indicate what you feel your level of "Dog Experience" is

 First-time Owner
  Have had one or more dogs
  Knowledgeable and Experienced

Are any family members uncomfortable with dogs? If Yes, specify why

 Yes
  No

How long will the dog be alone each day?

 Not at all
  4 to 6 hours
  8 hours plus

Where will you be keeping your dog when you are not at home?

Do you have a fenced yard?

 Yes
  No
Describe **your ideal** dog**Size**
 Small (0–20 lbs)
  Medium (20–50 lbs)
  Large (50–100 lbs)
  Giant (over 100 lbs)
**Coat**
 Short
  Medium
  Long
  No Preference
**Age**
 2–4 months
  4–12 months
  1–3 years
  Older
  No Preference
**Training Level**
 Housetrained
  Some obedience training
  Fully trained
  None
**Activity Level**
 Low
  Medium
  High
**Sex**
 Male
  Female
  No Preference

Breed or Type Preferred

Do you plan to take your dog to training classes?

 Yes
  No

Are you prepared for an adjustment period of at least two weeks?

*Note: Adjustment issues may include: barking, house-soiling, chewing, running away, and conflicts with other animals.*
 Yes
  No
**Section 4**

I certify that the information I have given is true and that any misrepresentation of facts may result in my losing the privilege of adopting a pet. I understand that the Corporation of the Municipality of Clarington has the right to deny my request to adopt an animal. I authorize the investigation of all statements in this application. I understand that this application is the property of the Corporation of the Municipality of Clarington.

Signature

Date

**For Office Use Only**

Accept

Refuse

Date

Staff Name

Animal File Number

Species

Description

Breed

Sex

Age

Comments