



## Adoption Application

The purpose of this form is to assist in choosing the best home for each animal in our care and to find the best suitable match for your household. To qualify for adoption, the following criteria must be met:

- All appropriate sections of this form must be completed
- The form must be filled out by the person(s) adopting the animal
- The adopter must be at least 19 years of age
- All members of the household must meet and agree to the adoption of the animal

Due to the volume of animals and applications received processing time takes 3 to 5 business days. Applications may take longer if difficulty arises in trying to contact personal and/or veterinary references. Please make sure all information is accurate to avoid processing delays.

Please initial that you have read and understood the above .....

### Please Print:

Names .....

Address ..... City .....

Province ..... Postal Code ..... Email .....

Daytime Phone # ..... Evening Phone #..... Cell # .....

Drivers License or Photo ID #'s ..... Verified by employee: Y N

Do you live in a:       House       Townhouse       Apartment       Mobile/Mini home

Do You?               Rent               Own               Live with parents

If Rent, Landlord's Name..... Landlord's Phone # .....

How long have you lived at current address? .....

If less than one (1) year, give previous address .....

Number of adults in the household ..... Number of children and their ages .....

Do you have other children who visit regularly?     Yes     No    if "yes" what ages.....

Do any members of the household have asthma or allergies? .....

Are you:       Working       Student       Retired       Homemaker  
 Other (Please Specify)  
.....

What is the maximum number of hours your pet will be alone during the day? ..... hours

Please circle all applicable reasons for wishing to adopt an animal from the NS SPCA:

Companion      Breeding      Hunting      Guard dog  
Companion for existing pet      For a Child      Mouser

**PLEASE PROVIDE THREE (3) REFERENCES THAT WE MAY CONTACT:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ TYPE OF REFERENCE (employer, landlord, family member)  
.....  
.....  
.....

What animals have you owned in the past five (5) years?						
Name	Breed/Type	Sex	Spay/ Neutered	Age	Indoor/ Outdoor	Still owned Y/N? If No please explain

List the veterinary clinic(s) that care(d) for your pets.....

Address and Telephone number .....

How are your other animals with?

Dogs ..... Puppies .....

What is the noise / activity level like in your home?

quiet       moderate       busy       very busy       hectic

What do you intend to do with the pet if you move? .....

What do you intend to do with the pet if you go on vacation, have an unscheduled trip, or a family emergency? .....

What do you expect to pay for the following?

Food (monthly) \$..... Vaccinations (yearly) \$.....

Licenses (yearly) \$..... Medical emergencies \$.....

Do you currently have pet insurance?  Yes  No

Would you be interested in getting pet insurance?  Yes  No

What type of identification do you plan to use for you pet?

ID Tags  Rabies Tag  HRM tag  Micro chip

Engraved Collar  Tattoo  Other: .....

How long do you think it will take for your pet to become adjusted to its new home? .....

How long have you been planning to adopt a pet? .....

**Please answer the following:**

How many times a day will you walk/exercise the dog? .....

How do you intend to housetrain the dog? .....

How would you correct the following behaviors?

Running away: .....

Chewing: .....

Mouthing / Grabbing: .....

Barking: .....

Jumping: .....

Do you have a fenced yard?  Yes  No Height & type of fencing? .....

Do you plan to tie or kennel the dog outside?  Yes  No

If yes, for what period of time? .....

Do you intend to take your dog to obedience/socialization classes?  Yes  No

Have you ever given up a dog due to behavioral / obedience problems?  Yes  No

If yes please explain: .....

**Please ensure that we go over the application with you and answer any questions that you may have.**

**I certify that the above information is true and that any false information may result in this application being declined.**

**The NS Husky Rescue reserves the right to decline any application.**

Please sign below that you have read and understood these statements.

Signature: ..... Dated: .....

Witness signature: .....



**CONSENT FORM**

I, \_\_\_\_\_, am applying to adopt an animal from the NS Husky Rescue, and hereby authorize my veterinarian and any of its clinic or office staff, to release confidential information concerning me, my animals, their health and history to the representatives of the NS Husky Rescue. I understand that this information will be used as a part of the application process as a prospective adopter of animal(s) from the NS Husky Rescue. My veterinarian requires this written consent to release any personal and confidential information that the NS Husky Rescue and its Representatives may require.

.....  
Signature (Applicant)

.....  
Print Name (Applicant)

.....  
NS Husky Rescue Witness

.....  
Date