

Time in:	
Dog Name:	
Shelter ID:	
Application Date:	

Dog Adoption Application

Adopting an animal is a long-term commitment. Please complete this form to assist us in determining whether the animal you would like is suitable for your home and lifestyle. When selecting an animal, it is important to bring your entire family.

All information collected on this application is kept confidential.

	Where do you learn about the KHS adoption program:		
2.	Reason for adopting (please check) □ Playmate for child □ Pet/Companion □ Hunting □ Guard dog □ Other: Please Describe □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
3.	Who are you adopting for: ☐Yourself ☐ Someone else (please indicate):		
4. Are you 18 year or older: □Yes □No Date of birth:			
5.	Do you live in a: ☐ House ☐ Apartment ☐ Townhouse/Unit ☐ Condo → Do you ☐ Rent ☐ Own		
6. Please describe you backyard: ☐ Fenced ☐ Partially Fenced ☐ Not Fenced ☐ I do not have a backyard			
7.	. Where will your dog be housed: □Inside □Outside □Both → Will the dog be chained: □Yes □No		
8.	How many people live in your household:AdultsKids Please list children's ages:		
9.	Are you a student: □Yes □No		
10.	0. If you are a student, what will you do with your animal when done school:		
11.	Do you have any pet currently: ☐Yes ☐No → Please listed quantity, species, age, sex:		
— 12.	If you have pets currently, are their vaccines up to date: \square Yes \square No \rightarrow Are they spayed/neutered \square Yes \square No		
	If you do not have pets currently, have you had pets in the past □Yes □No →If yes, how long ago?		
	If yes, what became of them: Gave away Died (How? Age, disease) Other: please		
	indicate		
15.	Were you the primary caregiver Yes No Other (ie: family pets)		
	Have you lost a dog to an infectious disease in the last 6 months: ☐No ☐Yes please indicate:		
	Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months: No		
18.	Do you plane to take your dog to training classes and/or consult a trainer: ☐Yes ☐No ☐I don't know		
	For what reason would you consider giving up/rehoming your dog:		
	Have you adopted from KHS before: □Yes □No		
	Would you permit a home visit by one of our staff to ensure this is a good visit for the dog you wish to adopt:		
	□Yes □No		
22.	How often per year should your dog see a veterinarian:		
	How much do you expect to spend per year on your dog, including but not limited to: food, vet costs, etc		
	□\$100-\$300 □\$300-\$500 □\$500-\$1000 □\$1000-\$1500 □\$1500-\$2000+		
	Is there anything else you would like us to know as we begin to process your application:		



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YOUR INFORMATION By signing below, I certify that the information I have provided is true.	REFERENCES Please authorize your veterinarian to release information to the KHS. If you do not have a veterinarian, please list two personal references.
Name (please print):	Reference #1: Veterinarian
Signature:	Company Name:
Address:	City: Tel:
City: Province:	Reference #2: Personal
Postal Code:	Name:
Telephone:	City: Tel:
Alt. telephone:	Reference #3: Employer
Email:	Company Name:
The KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal.	City: Tel: