

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.

1.	Where do you learn about the KHS adoption program:		
2.	If the animal is currently residing with a foster family, do you consent to sharing your name, phone number and email		
	address with them to facilitate communication? ☐ Yes ☐No		
3.	Reason for adopting (please check) \square Playmate for child \square Pet/Companion \square Hunting \square Guard dog		
	Other: Please Describe		
4.	Who are you adopting for: \square Yourself \square Someone else (please indicate):		
5.	Are you 18 year or older: ☐Yes ☐No Date of birth:		
6.	Do you live in a: ☐ House ☐ Apartment ☐ Townhouse/Unit ☐ Condo → Do you ☐ Rent ☐ Own		
7.	. Please describe you backyard: \square Fenced \square Partially Fenced \square Not Fenced \square I do not have a backyard		
8.	. Where will your dog be housed: \square Inside \square Outside \square Both $ o$ Will the dog be chained: \square Yes \square No		
9.	. How many people live in your household:AdultsKids Please list children's ages:		
10.	Are you a student: ☐Yes ☐No		
11.	1. If you are a student, what will you do with your animal when done school:		
12.	.2. Do you have any pet currently: \square Yes \square No \rightarrow Please listed quantity, species, age, sex:		
13.	If you have pets currently, are their vaccines up to date: \Box Yes \Box No \rightarrow Are they spayed/neutered \Box Yes \Box No		
	14. 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		
16.	Were you the primary caregiver \square Yes \square No \square Other (ie: family pets)		
17.	.7. Have you lost a dog to an infectious disease in the last 6 months: □No □Yes please indicate:		
18.	8. Have you surrendered/rehomed a pet to an OSPCA, Humane Society, Pound or Person in the last 6 months:		
	□No □Yes if yes, please explain:		
19.	9. Do you plane to take your dog to training classes and/or consult a trainer: \(\subseteq \text{Yes} \subseteq \text{No} \subseteq \text{I don't know} \)		
20.	For what reason would you consider giving up/rehoming your dog:		
 21	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		
23.	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+		
25			
25.	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: