



Dog Name: \_\_\_\_\_

Shelter ID: \_\_\_\_\_

Application Date: \_\_\_\_\_

## Dog Adoption Application

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

All information collected on this application is kept confidential.

1. Where did you learn of the KHS adoption program? \_\_\_\_\_
2. Reason for adopting (please check):  Playmate for child  Pet/Companion  Hunting  Guard dog  Other: \_\_\_\_\_
3. Who are you adopting for?  Yourself  Someone else (please indicate): \_\_\_\_\_
4. Are you 18 years old or over?  Yes  No Date of Birth: \_\_\_\_\_
5. Do you live in a:  House  Apartment  Townhouse/Unit  Condo  Rural Area Do you:  Rent  Own
6. How many people live in the household?  Adults  Children Please list children's ages: \_\_\_\_\_
7. Are you a student?  No  Yes School: \_\_\_\_\_ Year/level: \_\_\_\_\_
8. If you are a student, what you will do with the dog when you are finished school? \_\_\_\_\_
9. (a) Where will the dog be housed?  Inside  Outside  Both (b) Will the dog be chained?  Yes or  No
10. Do you have any pets currently?  No  Yes Please provide details – quantity, species, age, sex: \_\_\_\_\_
11. If you have pets currently: (a) Are their vaccinations up-to-date?  No  Yes (b) Are they spayed/neutered?  No  Yes  
If you answer no to either, please explain: \_\_\_\_\_
12. If you do not currently have pets, have you had any in the past?  No  Yes  
If 'yes', what became of them?  Gave away  Died (How? E.g. age, disease \_\_\_\_\_)  Other (please indicate): \_\_\_\_\_
13. Have you lost a dog to an infectious disease in the last three months?  No  Yes If 'yes', please indicate: \_\_\_\_\_
14. Have you ever surrendered a pet to an OSPCA, humane society, or pound?  No  Yes If 'yes', why? \_\_\_\_\_
15. Do you plan to take your dog to training classes/consult a trainer?  No  Yes  I don't know
16. For what reason would you consider giving up your dog? \_\_\_\_\_
17. Have you previously adopted from the Kingston Humane Society?  No  Yes
18. Would you permit a home visit by one of our staff to ensure a good placement for the dog you wish to adopt?  No  Yes
19. How often should your dog see a veterinarian? \_\_\_\_\_
20. How much do you expect to spend annually on your dog?  \$50-\$100  \$100-\$300  \$300-\$500  \$500-\$1000  >\$1000

YOUR INFORMATION	REFERENCES
<i>By signing below, I certify that the information I have provided is true.</i>	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):	<b>Reference #1: Veterinarian</b>
Signature:	Name:
Address:	City: Tel:
City: Province: Postal Code:	<b>Reference #2: Personal</b>
Telephone: Alt. telephone:	Name:
Email:	City: Tel:
<b>STAFF USE ONLY</b>	<b>Reference #3: Employer</b>
Application Received:	Name:
Date: _____ Time: _____ Initial: _____	City: Tel:
1. Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initial: _____	
2. References: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Initial: _____	
3. Check if applicant is in PP: <input type="checkbox"/> Notes on reverse	
4. Adoption approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____	
5. Notification of approval/denial: Date: _____ Initial: _____	

**The KHS reserves the right to refuse adoption to any individual. We will not release the reason for refusal.**

**STAFF USE ONLY**

Is this for preapproval? Yes / No

**References**

Veterinarian:

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Personal #1:

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Personal #2:

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Pet Point Notes/Information:

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Questions and/or Concerns:

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Meet and greet required? Yes / No Date: \_\_\_\_\_ Approved: Yes / No

**Notification of Approval/Denial**

Attempt #1 Successful? Yes / No Left voicemail? Yes / No Date: \_\_\_\_\_

Attempt #2 Successful? Yes / No Left voicemail? Yes / No Date: \_\_\_\_\_

Adoption fee discussed: Yes / No Date: \_\_\_\_\_

Finalized adoption date: \_\_\_\_\_

Notes:

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