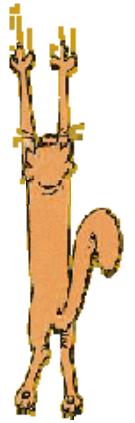


Critteraid's **THE DOG HOUSE** division
ADOPTION APPLICATION
113-437 Martin Street (Box 235) Penticton, BC V2A 5L1



Surname: _____ First Name: _____

Phone #: (H) _____ 2nd Phone #: _____

Street Address: _____
Street, Apt # City/Town

Mailing Address: _____
Box # City/Town Province Postal Code

How long have you lived at this address? _____ Years / Months

How did you hear of the animal? _____

How many in your household? Adults _____ Children _____ Childrens' ages _____

Are you aware of any members of your household having allergies to cats or dogs? _____

Who are you adopting the pet for? Self _____ Children _____ Other _____

Why do you wish to adopt this pet?

Companion for self _____ Companion for child _____ Companion for other pet _____

Working (herding, hunting, guarding, etc.) _____ Other (explain) _____

Who will be responsible for the pet's care? _____

Are you willing to keep this pet for his/her lifetime? _____ (Dogs & cats can live up to an average of 15 years)

Can you afford regular veterinary care for your pet? _____

How often will you be vaccinating your pet? _____

Do you have a veterinarian? (Name of clinic or vet) _____

Would you be willing to participate in obedience training with your pet? _____

If not, why? _____

What will you do with this pet if you move?

Take him/her with you _____ Find him/her a new home _____ Surrender him/her to an animal shelter _____

Leave him/her with a friend or family _____

How often will you license your pet? _____ Are you aware of any animal control bylaws for your area? _____

Do you have a fenced yard? _____ If yes- height and type of fence _____

If not, how will you keep your dog safe at home? _____

What size is your yard? (Check One)

No yard _____ Small (condo / townhouse) _____ Medium (city lot) _____

Large (acreage) _____ Farm with animals _____ Orchard _____

Where will the pet be kept? Inside _____ outside _____ Both _____ Other _____

What type of shelter will you provide for your new pet? _____

Do you rent or own? _____ If rent, do you have written permission from your landlord? _____

Type of Residence:

House _____ Apartment _____ Condo _____ Townhouse _____ Other _____

Have you done any research on the type of animal or breed that you are hoping to adopt? _____

Which types of animals do you currently have at home? _____

Which pets have you had in the past? _____

Are they spayed/neutered? Yes _____ No _____ Are they current on their vaccinations? Yes No

Have you adopted here before? _____ If yes - when and tell us about it _____

Please list a minimum of 3 References:

1. Name: _____ Phone #: _____ Email: _____

2. Name: _____ Phone #: _____ Email: _____

3. Name: _____ Phone #: _____ Email: _____

4. Name: _____ Phone #: _____ Email: _____

5. Name: _____ Phone #: _____ Email: _____

Comments/Questions/Suggestions? _____

**** WE RESERVE THE RIGHT TO REFUSE ANY ADOPTION! ****

**I HEREBY DECLARE THAT I HAVE READ AND HAVE ANSWERED
EACH QUESTION TRUTHFULLY AND HONESTLY.**

SIGNATURE

DATE

CRITTERAID

DOG HOUSE DIVISION

113-437 Martin Street (Box 235)

Penticton, BC V2A 5L1

Ph: 250- 494-5057 Fax: 250-493-0607

E-mail: info@critteraid.org

Permission for release of veterinarian information form

I, _____ Hereby give permission to my
veterinarian, Dr. _____ DVM, to release information
to *Critteraid* on past vaccinations and treatments done on my pet(s)

_____ and whether there was compliance to these treatments.

Name of Veterinary Clinic: _____

Address of Veterinarian Clinic: _____

Telephone number: _____

Fax Number: _____

Signed _____

Date: _____

VETERINARIAN CLINIC PLEASE NOTE:

Information can be forwarded by email: info@critteraid.org or fax (250) 493-0607

OFFICE USE ONLY:

Animal _____ Tattoo # _____ Microchip # _____

Check references: Yes/No Home Check Completed: Yes / No Approved: Yes/No

If not approved, reason: _____

