

# DOGS

Fax Number: (403) 723-6052

<b>Staff Use Only</b>		
Date:		
Person #:		
Animal #:		
Counselor:		
Media:		
<input type="checkbox"/> ID	<input type="checkbox"/> POA	<input type="checkbox"/> LLP/CBP

## SO YOU WANT TO ADOPT A DOG? TELL US ABOUT YOURSELF!

ADOPTION APPLICATION

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_  
 Address \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_  
 Have you previously adopted from Calgary Humane Society? \_\_\_\_\_  
 Are you a homeowner or renter? \_\_\_\_\_

## TELL US ABOUT YOUR FAMILY

List all people currently living in the home:  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Does anyone in the home have allergies to animals? \_\_\_\_\_

## TELL US ABOUT YOUR PETS

List all pets living in the home:  
 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
 Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed/Neutered (please circle)  
 No current dog(s)? How long ago did you live with a dog? \_\_\_\_\_  
 What happened to your previous dog? \_\_\_\_\_  
 How long will your dog spend outside during the day? \_\_\_\_\_  
 How long will your dog be alone each day? \_\_\_\_\_  
 How is your current dog around other dogs? \_\_\_\_\_

## MORE INFORMATION

Please circle items you would like more information on:

Houstraining	Adjustment period	Introduction to resident pets	Debarking policy	Shyness
City animal by-laws	Separation anxiety	Yearly pet expenses	Behavior classes	

# DOG LIFESTYLE SURVEY

Our goal is to match you and your family with the best dog for your lifestyle and the questions below will help us get started.

These characteristics are important to me:

Lap dog	Low energy level	Off-leash parks
Independent	Medium energy level	Walking/running companion
	High energy level	

Good with kids	Share their toys	Suited for farm life
Good with dogs	Share their food	Suited for city life
Good with small animals		

Large sized breed	Hypoallergenic	Puppy (under 7 months)
Medium sized breed	Specific breed:	Adult (7 months - 6 years)
Small sized breed	_____	Senior (7 years and older)

When your dog is left home alone it will be:

Crate trained	Transition from crate to loose in house
Loose in the house	Yard
Limited access in house	Dog run

How much training you are interested in:

Basic obedience (sit, stay, down, recall)

Intermediate training (naming toys, puzzle toys, touch, roll over)

Advanced training (agility, competition, flyball)

None

## HOLD POLICY

STAFF USE ONLY

Name: \_\_\_\_\_ Ref. Number: \_\_\_\_\_

I agree to pay a \$40.00 non-refundable deposit to hold the above noted dog until close following business day. I understand that this hold will expire on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. and will not be extended.

Adopter's Signature \_\_\_\_\_ Date \_\_\_\_\_