

OFFICE USE ONLY:

Date Home: _____ Adoption Copy: _____ City License #: _____

Microchip registered _____ Home Visit _____



"Helping Every Tail Find A Happy Ending"

PO Box 23134 MH Mall, Medicine Hat, AB T1B 4C7 Phone: 403-529-2287 Fax: 403-528-4551

Email: persiandreams@hotmail.com Website: www.persiandreamsrescue.org

SENIOR CANINE 8 Years and Older

ADOPTION APPLICATION

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

APPLICANT'S PERSONAL INFORMATION

Are you at least 18 years of age or older? Yes () No ()

Name (s): (1) _____ (2) _____

Address: _____

City/Town: _____

Postal Code: _____

Mailing address: _____

Home Phone Number: _____ Best time to reach you? _____

Name (1): Cell number: _____ Work number: _____ Email address: _____

Current Status: Retired Employed Student Other

Name (2): Cell number: _____ Work number: _____ Email address: _____

Current Status: Retired Employed Student Other

Have you ever had a citation or charged for an animal related offense? Yes () No () If so, please explain:

CANINE APPLIED FOR

Dog's Name: _____ Breed: _____

Color/Markings: _____ Age: _____ Birthdate: _____ Gender: _____

FAMILY INFORMATION

Does anyone in your home have pet allergies? Yes () No ()

If yes, what is the guarantee this animal will stay with the family and not be returned because of the health reasons? _____

Do you rent your current residence? Yes () No ()

If you rent, please provide landlord’s name and number:

Name: _____

Phone: _____

Do you own your current residence? Yes () No ()

How long have you been at your current address? _____

How many times have you moved in the last 5 years? _____

Do you anticipate moving in the near future? Yes () No ()

Do you have children at home? Yes () No ()

Are the children accustomed to and educated about animals? Yes () No ()

What are the ages of your children? _____

Are the children going to participate in the day to day care of this dog? Yes () No ()

If so, please give details: _____

What will you do with this dog if you move? _____

What will you do with this dog when you go on vacation? _____

For what purpose and for whom are you adopting this dog? _____

Have you ever owned a dog before? Yes () No ()

If yes, how long did you have it and if you no longer have the dog, what happened to it? _____

What other pets have you had that are no longer in your care?

Please describe what happened to your previous pets?

Do you currently own any other animals? Yes () No ()

If yes, please give name, breed and age of each. _____

Please state which are altered (spayed/neutered) and which (if any) are not. _____

Are your present pets current on vaccines? Yes () No ()

If any of your animals are not up to date on vaccines please state the reason. _____

The name and phone number of the veterinarian clinic your animals attend or did attend.

Name: _____

Phone: _____

City/Town: _____

Name and phone number of person(s) and or boarding facility caring for your pets while on vacation.

Name: _____

Phone: _____

City/Town: _____

Please provide the name and phone number of two **(non-family)** references that are aware of your families' interaction with pets (ie: vet, neighbour or friends):

Name: _____

Phone: _____

Name: _____

Phone: _____

REGARDING THE DOG

Do you have a secure and completely fenced yard? Yes () No ()

What height is the fence: _____ Material (ie Wood, Chain-link): _____

Are your gates locked and secure? _____

Have you ever had a dog escape your yard (including visitors) _____

Are you willing to give this dog 1 month to be accepted by all family members and vice versa?

Yes () No ()

How much time are you able to spend with this dog per day? _____

How and where do you plan on exercising this dog? _____

Where will the dog be kept when you are not at home? _____

Under what circumstances would you be likely to give up this dog? _____

If the dog showed behavioural problems how would you correct its behaviour? (ie: biting, growling, potty accidents food or toy aggression) _____

Will you call Persian Dreams and Canine Themes Rescue Society for advice and suggestions to help you and your dog to be successful if there are behaviour concerns? Yes () No ()

Are you aware that the average adult dog costs approximately \$1,500 per year to maintain?

Yes () No () Are you comfortable with this financial commitment? Yes () No () Should

the dog require any other veterinary care, are you comfortable in making that financial commitment (ie: special diet or daily medications, emergencies)? Yes () No ()

Dogs often live for up to 12 years or longer. Are you comfortable in making this long term commitment?

Yes () No ()

ADOPTION TERMS

I/We agree to give Persian Dreams and Canine Themes Rescue Society authorization to any veterinary records regarding previously/currently owned pets as provided by our veterinarians. _____ **(initial)**

I/We agree to have a home check done prior to taking our new companion home and a post home check to see how the dog has adjusted. Follow up phone calls and/or home visits will be done following the adoption. _____ **(initial)**

Obedience training lessons are required as a part of this adoption agreement for this dog. **I/We** understand as part of the adoption contract the adoptive dog and **I/We** must be registered for obedience training with a training facility that teaches positive reinforcement within three months of adoption. _____ **(initial)**

Are you able to meet this commitment Yes () or No ()

If no, explain why: _____

I/We agree to pay the **\$150.00** adoption fee and understand that it is non-refundable. _____ **(initial)**

I/We will produce a leash, collar and **city license tag** upon picking up our new dog. _____ **(initial)**

I/We agree to provide our new companion with a good quality dog food, appropriate shelter, exercise, veterinarian checkups, and love. _____ **(initial)**

I/We understand that **UNDER NO CIRCUMSTANCES** will this dog be required to wear a choke or prong type collar at any time or be subjected to a shock collar or shock training at any time. This type of training would require that the dog be returned to the society at once. _____ **(initial)**

I/We understand that we will not tether this dog at any time. _____ **(initial)**

I/We agree to cover any new, intermittent or ongoing medical expenses that may arise with this dog. _____ **(initial)**

I/We understand that Persian Dreams and Canine Themes Rescue Society cannot be held responsible for any health, temperament or training issues and hereby release them of any liability. _____ **(initial)**

I/We understand that our pet has been in foster care and that the foster home has adequately answered any and all questions we have asked to our satisfaction. _____ **(initial)**

I/We agree that if for any reason we are no longer able to keep this dog **I/We will return** the dog to Persian Dreams and Canine Themes Rescue Society. _____ **(initial)**

I/We agree to the above statements and believe that all the information we have given on this application is complete and correct. _____ **(initial)**

ADOPTION TERMS ACCEPTANCE SIGNATURES

Adopter(s) Signature

Persian Dreams Representative Signature

Date Application Received

Date Application Approved

The information provided on this document is confidential and will only be shared with the adopter's consent.

Please fax completed form to 403-528-4551 or email to persiandreams@hotmail.com.

You will be contacted once your application has been received. A volunteer will contact you (after the veterinary and reference checks are completed) to book a home visit with you and all family members present as soon as possible.

October 2015