



PLEASE PRINT

Department of Community Services

DOG ADOPTION QUESTIONNAIRE
Pet you are applying for _____

APPLICANT

SECTION 1

Last Name _____ First Name _____

Are you 19 years of age or older? Yes No

Address _____

City/Town _____ Postal Code _____

Telephone (home) _____ (work) _____ (cell) _____

E-mail Address _____

Do you own or rent your property? Own Rent How long have you been at current address? _____

If you rent, please provide landlord's name _____ Landlord's phone _____

Would you be able to provide a letter from your landlord? Yes No

How were you referred to Humane Services? _____

Are you currently employed? Full Time _____ Part Time _____

FAMILY/HOUSEHOLD INFORMATION

SECTION 2

Number of adults in the household _____ Have all adults agreed to the adoption? Yes No

Number of children in the household _____ Ages of children _____

Have the children had pets before? Yes No Is anyone in the household allergic to pets? Yes No

PET INFORMATION

SECTION 3

If you currently have pets or have had them in the past, complete the following:

Name	Breed	Age	Gender	Spayed/Neutered	Where is it now?
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Have you ever given an animal away or relinquished an animal to a shelter? Yes No

If yes, what were the circumstances? _____

VETERINARIAN INFORMATION

SECTION 4

Veterinarian's Name _____ Veterinarian's Phone _____

When was your current pet's last visit to a veterinarian and why? _____

Would you allow us to check your previous veterinary records? Yes No

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REASON FOR ADOPTION (check all that apply)

SECTION 5

Companion: for self for child for another pet for another household member
 Other: hunting dog gift watch/guard dog

NEW PET INFORMATION

SECTION 6

How long have you been looking for a pet? _____ Where have you applied? _____
 Are you able to afford emergency veterinary care? Yes No
 Where will the dog be kept during the day? indoor outdoor During the night? indoor outdoor
 How many times do you plan to take your dog outside? _____ Do you have a doghouse? Yes No
 Do you have a fenced in garden? Yes No If yes, what size? _____
 Do you plan to spay/neuter your dog? Yes No Do you plan to vaccinate your dog? Yes No
 Would you agree to a post-adoption home visit? Yes No

REFERENCES

SECTION 7

1. Name _____ Relationship _____ Phone # _____
 2. Name _____ Relationship _____ Phone # _____

DECLARATION (to be completed by applicant)

SECTION 8

By signing below, I certify that the information I have given is true. I further acknowledge that I am at least 19 years of age. I understand that Humane Services reserves the right to deny my application for any reason and that the goal of the City is to place the pet with the most suitable applicant and is not first-come first-serve. I also understand that questionnaires will be processed within 3 business days and I may be required to leave \$100 to \$200 deposit at my veterinarian towards surgery costs.

Applicant _____ Date (yyyy-mm-dd) _____

OFFICE USE ONLY

SECTION 9

Date (yyyy/mm/dd) _____ Interviewed by _____
 Approved by _____ Declined by _____ Rating _____
 Comments _____
 Supervisor's Signature _____ Date (yyyy/mm/dd) _____

The completed form and supporting documentation can be delivered to **Humane Service, 81 Higgins Line** during normal working hours or mailed to the address noted below.

Humane Services
 P.O. Box 908, 81 Higgins Line
 St. John's NL A1C 5M2

For additional information please visit Access St. John's
 Call: 311 Where 311 is unavailable, call 709-754-CITY (2489)

E-mail: humaneservices@stjohns.ca

Call Humane Services 576-6126

Monday-Friday Noon – 4 PM, Sat-Sun 3-5 PM

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA