Save a Friend Adoption Application

Save a Friend Dog Rescue is a registered not-for-profit organization; corp. number: 1922007

Adopter's Name: _____   Dog's Name: _____

Address / City / Postcode: _____

Home Phone: _____   Cell: _____

Before applying, please note the following information:
- To be considered for adoption, you must be 21 years of age or older.
- You must be the homeowner and have consent of all adults living in the household.
- Any pets in the home must be current on vaccinations and be spayed/neutered.
- Unfortunately, we do not adopt out to homes with smokers.
- You must be willing to allow a volunteer to conduct a home visit at a time and date agreeable for you.
- Nothing in application or application process shall constitute or seek to establish a legal relationship between you and Save a Friend Dog Rescue. We reserve the right to deny an applicant on any grounds and/or withdraw from the application process at any time without cause or penalty. All decisions surrounding adoption shall be made by Save a Friend Dog Rescue in its sole discretion.

* Unless required by law, Save a Friend Dog Rescue will not disclose any information provided in this adoption application to any third-party without your prior consent

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Household Questions

1. In your household, please specify:
   Number of Adults (18+ years): _____   Ages of all Adults: ___ ___ ___ ___
   Number of Children: _____   Ages of all Children: ___ ___ ___ ___

2. I live in a: Detached Home: ____ Semi Detached/Townhouse: ____ Apartment/Condo: ____

3. If you live in an Apartment/Condo, please confirm the following:
   Floor: _____ Approx square footage: _____ Height of balcony ledge: _____

4. If you rent, does your landlord permit a dog on the property? _____ Please provide contact information for us to confirm: _____

5. How long have you lived at your current address? _____

6. Do you have plans to move? Yes _____No_____

7. Do you have a secured yard? Yes _____No_____

8. Do you have access to a car? Yes _____No_____

9. How would you best describe your home? Busy ____ Some Activity ____ Quiet ____ Other ___

10. Does anyone in your home smoke? Yes _____No_____

Pet Family and Pet History Questions

11. Does anyone in your family have allergies to animals? Yes _____No_____ If yes, please describe: _____

12. Does anyone in your family have mobility issues that may limit the ability to walk or otherwise engage with the dog? Yes _____No_____If yes, please describe: _____

13. Do you currently have any pets in the home? Yes _____No_____If yes, please provide names, breeds/types of animals and ages: _____

14. Do you consider yourself to be an experienced dog owner? Yes _____ No_____ A little bit _____

15. If applicable, please check the boxes if you have experience with the following dog behaviours:
    Leash Reactivity ____   Dog Reactivity ____   Food/Toy Guarding ____
    Biting ____   House Accidents ____   Chew/Destroy objects ____
    Separation Anxiety ____   Other _____

16. I confirm all pets in my home are spayed/neutered and current with their vaccinations:
    Yes _____No_____N/A_____

17. Have you ever owned a dog before? Yes _____No_____If yes, how long ago? _____
    _____

18. Was the dog spayed/neutered? Yes _____No_____N/A_____ If no, why not? _____
    _____

19. Were you the primary giver? Yes _____No_____N/A_____

20. Where did you get the pet from? Pet Store _____ Breeder_____ Shelter_____ Other _____
    N/A_____

21. Have you ever surrendered a pet previously? Yes _____No_____N/A_____ If yes, please explain why: _____

22. Have you ever euthanized a pet? Yes _____No_____N/A_____ If yes, please explain why:
    _____

23. If applicable, name and contact information for your veterinarian: _____

24. Are you currently interviewing with another rescue? Yes _____No_____

25. Have you ever been charged or convicted of an animal cruelty offence or any offence related to animals? Yes _____No_____

Adoption Specific Questions

26. The dog's activity level should be: High energy _____ Medium energy _____ Low energy _____ Anything works! _____

27. What are your plans for exercising your dog? _____

28. Roughly how many minutes a day of exercise do you plan on providing your dog? _____

29. Are you ok with a dog shedding in your home? Yes _____No_____

30. Average hours a day the dog will be left alone on weekdays _____ weekends _____

31. Where will the dog be kept when you are out of the house? _____

32. Where will the dog go when you are out of town / on vacation? _____

33. Do you plan on crate training your dog? Yes _____ No _____ Depends on the dog's preference _____

34. Do you plan on taking obedience courses? Yes _____ No _____

35. Do you have any financial constraints that would prevent you from providing a dog veterinary care, including emergency medical care if needed? Yes _____No_____

36. Please provide us with any plausible scenario where you would consider returning a dog: _____

References

Please provide the names and contact information for 3 people we can contact as references.

Please Note: references must reside in Canada and cannot be family members.

Name	Phone Number	Relationship to Applicant
1.		
2.		
3.		

Please sign below as agreement to the above:

_____   _____   _____
         (Name Printed)   **(Signature)**   **(Date)**