



**Island
Pacific
Dog
Rescue
Society
.org**

Adoption Information Form 2019

Date:

Applying for:
(Name of dog,
breed, or type)

Age of dog:

Sex:

Size:

Color:

Personal Information: Full Name (and partners name, if applicable)

Name (1):

Name (2):

Address:

City:

Province:

Postal Code:

Home Phone:

Cellular Phone:

E-mail (1):

E-mail (2):

Who will have primary responsibility for the animal?

Name (1):

Yes
No

Name (2):

Yes
No

No. of adults
(21+) in home?

Age Range?

Age Range?

No. of children
in home?

Age
Range?

Age
Range?

Children trained
to relate to
dogs?

Yes
No

No. of seniors
in home?

Are seniors used to dogs?

Yes
No

Any allergies in
household?

Yes
No

If Yes, please describe:

No. of years at
current
address?

Do you own, or rent?

Own
Rent

If renting, do you have
landlord approval?

Yes
No

Please complete if renting --->>

Landlord(s)
Name?

Landlord(s)
Number?

Housing
Environment?

Housing Type?

Yard?

Yes
No

Yard size?

Fenced?

Fence height?

Interior stairs?

Yes
No

Exterior stairs?

Yes
No

*** If you have pictures of your home, yard, and pets please attach them with this application (or forward separately).**

Are you planning to move within the next 2 years? Yes
No If you were required to move in the future, and could not find a home permitting animals, what would be your plan(s) regarding the dog(s)?

Describe your lifestyle/activity level: Describe the pace in your home:

Why do you wish to adopt an animal Explain:

Do you have dogs already? Yes
No If Yes, how many? If Yes, breed types?
If Yes what sex is/are dog(s)? If Yes, is/are dog(s) spayed/neutered? Yes
No If Mix, describe:
Mix

If Yes, why do you want another dog? If Yes, are your other dog(s) used to other dog(s)? Yes
No

Do you have cats? Yes
No If Yes, how many? If Yes, are cats used to dogs? Yes
No
If Yes, are cats indoor, outdoor, or both? If Yes, are cats de-clawed?

If no animals at this time, have you had any in the past: Five (5) years? Yes
No

If Yes, what happened to them?

Dog that you are applying for: Name:

What was it about this dog that captured your attention?

Have you owned this breed before? Yes
No What do you know about this breeds: Mentality, Physicality, Requirements?

Do/will your dog(s) live indoors? Yes
No Will your canine companion be indoors or outdoors when you are not at home: Indoors
Outdoors

Where will your dog sleep at night? Indoors
Outdoors What brand/type of food do you plan to feed?

NB: All our adopters must agree to provide basic obedience training for their dog(s) after adoption; this requirement may be waived under certain circumstances.

Are you willing to attend obedience training with your dog? Yes
No

Will all family members take part in training? Yes No If No, explain:

What form of exercise will you provide? Hrs/day:

How many hours per day will the dog be alone? Will you consider dog walking or day care if the dog will be alone more than 4 hours? (Max length of time recommended alone) Yes
No

What are your work schedules? How often do you go on vacation, and what will you do with the dog when you go?

What outdoor activities do you engage in? Does anyone in the household smoke? Yes
No

Have you owned a rescued animal previously? Yes No If Yes, please describe:

Have you had a special needs animal previously? Yes No If Yes, please describe:

Have you dealt with behavioral issues previously? Yes No If Yes, please describe:

Have you crate trained an animal? Yes No If Yes, did you find it difficult? Yes
No

Have you house trained an animal? Yes No If Yes, did you find it difficult? Yes
No

Were the dog to bite you, someone else, or someone else's animal, how would you handle the situation.

Please describe how you would handle it

Date:

Rescue Signature: