

Date: _____
 Name: _____
 Address: _____
 Town/City: _____ Postal Code: _____
 Telephone: _____ Cell: _____
 Email: _____
 ID: _____
 (Type) (Number)



**Parkland Humane
 SOCIETY INC.**

ADOPTION APPLICATION

YOUR FAMILY

- Who are you adopting this dog/cat for? Myself Other: _____
- Number of adults (18+ years) at home: _____
- Number of children at home: _____ 0 – 7 years _____ 8 – 17 years
- Any visiting children? Yes No Ages _____
- Any allergies in the family? Yes No
- How busy is your family's schedule? Very busy Busy Not busy
- Are you planning on the following in the next month?
 Moving Holiday Change in schedule
- Where will your dog/cat stay during holidays?
 At home with care Boarding house Other _____

YOUR HOME

- What type of home do you live in? Acreage House Apartment
- Do you: Own Rent
- Do you have your landlord's permission to have pets? Yes No
 Please provide copy of letter or by-laws.
- Landlord's Name and Phone No. _____
- Outside area: Yard Yard with fence
- Where will your pet stay during the day? Inside Outside Other
- Where will your pet sleep at night? Inside Outside Other

GENERAL INFORMATION

- Who will have responsibility for this animal? _____
- Have you had a cat/dog before? Yes No
- What happened to them? _____

- Have you surrendered or given away a pet before? Yes No
 If yes, please provide the reason: _____

- How much do you estimate your pet will cost? _____

YOUR PETS

- Are there any other pets in your home? Yes No
- If yes, provide the following information:

| Name | Type | Age | Sex | Fixed? |
|------|------|-----|-----|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- Are your pets friendly to other animals? Yes No
- Please provide the name and phone number of your veterinarian:

| TELL US WHAT YOU ARE LOOKING FOR | | | | | |
|---|---|---|--|--|--|
| Type: | <input type="checkbox"/> Canine | <input type="checkbox"/> Feline | | | |
| Sex: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> No preference | | |
| Coat: | <input type="checkbox"/> Short | <input type="checkbox"/> Medium | <input type="checkbox"/> Long | <input type="checkbox"/> Non-shedding | <input type="checkbox"/> No preference |
| Age: | <input type="checkbox"/> Baby | <input type="checkbox"/> Adult | <input type="checkbox"/> Senior | <input type="checkbox"/> No preference | |
| Size: | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | <input type="checkbox"/> No preference | |
| Breed/Type/Colour/Name: | | | | | |
| PROBLEMS YOU ARE WILLING TO WORK ON | | | | | |
| <input type="checkbox"/> Separation anxiety | <input type="checkbox"/> Excitability | <input type="checkbox"/> Mild aggression | <input type="checkbox"/> House training | <input type="checkbox"/> Vocalization | |
| <input type="checkbox"/> Reaction to other dogs | <input type="checkbox"/> Barking | <input type="checkbox"/> Scratching furniture | <input type="checkbox"/> Obedience | | |
| <input type="checkbox"/> Litterbox problems | <input type="checkbox"/> Shy | <input type="checkbox"/> Nervous | <input type="checkbox"/> Fearfulness | | |
| <input type="checkbox"/> I am not willing to work on any problems | | | | | |
| <input type="checkbox"/> I need more information to decide | | | | | |
| I WOULD LIKE MY PET TO | VERY IMPORTANT | QUITE IMPORTANT | NOT IMPORTANT | | |
| Be friendly with children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be friendly with other animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be friendly with me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be friendly to visitors in my home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Enjoy being groomed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Enjoy being held | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Enjoy being petted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be calm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be playful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be quiet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be independent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Never wake me up at night | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Never show aggressive behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Always use the litterbox | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Be outdoors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SOME DOGS WILL NEED TRAINING | YES | NO | NOT SURE | | |
| I need a dog that is already trained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| I am a first time dog owner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| I have obedience trained before | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| I have lots of experience and could handle a difficult dog | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| UNDER WHAT CIRCUMSTANCES WOULD YOU RETURN YOUR PET | | | | | |
| <input type="checkbox"/> Moving | <input type="checkbox"/> Too Costly | <input type="checkbox"/> New Baby | <input type="checkbox"/> Medical reasons | | |
| <input type="checkbox"/> Agression | <input type="checkbox"/> Behavioural problems | <input type="checkbox"/> Not enough time | | | |
| Comments: | | | | | |
| Have you ever been convicted of neglect or cruelty to animals? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are you willing to allow a PHSI representative to do a home inspection? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If not, why? | | | | | |
| REFERENCES | | | | | |
| 1. Name: | | | | Phone No. | |
| 2. Name: | | | | Phone No. | |

| | |
|---|---------------------------------------|
| OFFICE USE ONLY: | |
| Date: _____ | Adoption Coordinator Full Name: _____ |
| Animal Name _____ | Number: _____ |
| <input type="checkbox"/> Approved <input type="checkbox"/> Rejected | Reason: _____ |
| <input type="checkbox"/> Pending Home Inspection | Date Completed: _____ |



Parkland Humane
SOCIETY INC.

ADOPTION CONTRACT

*In consideration for the right to adopt the dog or cat stated on my adoption application, I, _____
_____ (the adoptor), do hereby: (please initial each statement)*

____ certify that I am at least 18 years of age and that the information in my adoption application is true to the best of my knowledge;

____ authorize the verification of any and all statements made herein by me, and the disclosure of any and all information contained herein for any and all purposes;

____ acknowledge that PHSI reserves the right to deny my proposal to adopt this dog or cat;

____ covenant and agree with PHSI that the adopted dog/cat, upon its delivery unto me, shall be kept in my possession, under such controls as are prescribed in the prevailing by-laws of my community, and shall be treated humanely at all times, including the provision of any necessary veterinary care and medication and the daily provision of sufficient food, water, and adequate shelter, at my own expense;

____ agree that, in the event that I must give up said animal, I shall contact PHSI for the surrender of said animal.

____ agree that, by accepting the dog or cat when it is delivered to me, I acknowledge that the said dog or cat is in good health except as otherwise advised by PHSI. I further agree that, after the dog or cat is delivered to me, PHSI has no obligation to exchange the dog or cat, to refund to me the adoption fees, or to pay the costs of medical treatment unless PHSI specifically agrees to do so in writing at the time of delivery;

____ agree and undertake that, **as soon as is practicable, but not later than six months from the date of my adoption of this dog/cat, I shall deliver it or have it delivered to a veterinarian which works with PHSI to undergo, as applicable, castration (“neutering”) or ovariohysterectomy (“spaying”);** (if necessary)

____ warrant that the adopted animal has never been owned by me nor anyone related to me;

____ acknowledge that my failure to comply with the above stipulations shall result in the adopted animal’s being seized by the appropriate peace officer(s); and

____ agree that neither the PHSI, nor its employees, volunteers, servants or agents shall be held liable with respect to any damage, injury or sickness that may occur and may be attributable, directly or indirectly, to my having adopted the said dog or cat, regardless of any evident, apparent or suspected negligence on the part of PHSI, its employees, volunteers, servants or agents.

Date: _____

Witness

Adoptors Name