



PLEASE PRINT

Department of Community Services

DOG ADOPTION QUESTIONNAIRE

Pet Applying For: _____

Applicant

SECTION 1

Name _____

Are you 18 years of age or older? Yes No

Address _____

City/Town _____ Postal _____

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

Email _____

How long have you been at your current address? _____

Do you own or rent the property? Own Rent
If you rent, you must provide a letter from your landlord

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 _____

Is anyone in the household allergic to pets? Yes No

Pet Information**SECTION 3**

Pet History:

Name	Breed	Age	Gender		Spayed or Neutered		Where is it now?
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	
			M	F	Yes	No	

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**

Veterinary Clinic _____ Telephone Number _____

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

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**

Are you able to afford emergency veterinary care? Yes No

Where will the dog be kept during the day? Indoors Outdoors

Where will the dog be kept during the night? Indoors Outdoors

How many times do you plan to take your dog outside? _____ Do you have a doghouse Yes No

Do you have a fenced garden? Yes No If yes, what size? _____

Would you agree to a post-adoption home visit? Yes No

References**SECTION 7**

Name _____ Relationship _____ Phone # _____

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 18 years of age. I understand that Humane Services reserves the rights 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 served. I also understand that questionnaires will be processed within 3 business days.

Applicant Signature _____ Date _____

Dog Adoption Questionnaire		Department of Community Services	
Office Use Only			SECTION 9
Date _____ Interviewed by: _____ Approved by: _____ Declined by: _____ Rating _____ Comments: Supervisor's Signature _____ Date _____			
Privacy Statement			SECTION 10
Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed for the purpose of adoption approval. Questions about the collection and use of the information may be directed to Cindy R. McGrath, Manager – Humane Services, cmcgrath@stjohns.ca			
The completed form and supporting documentation can be delivered, during normal working hours, to: Humane Services 81 Higgins Line The completed form and supporting documentation can be mailed to: Humane Services PO Box 908 St. John's, NL A1C 5M2		For additional information: Visit or Call Access St. John's City Hall, 10 New Gower Street 311 or 709-754-CITY (2489) Call Humane Services 709-576-6126 Monday to Friday, Noon to 4pm Saturday and Sunday, 3 to 5pm Email humaneservices@stjohns.ca	