

	CS – Dog Adoption Questionnaire	Community Services
ST. JOHN'S	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 Unemployed		
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		

CS – Dog Adoption Questionnaire**Community
Services****Pet Information****SECTION 3****Pet History**

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

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

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 dog house?: Yes No If yes, what size? _____

Do you have a fenced garden?: Yes No

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

References

SECTION 7

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Declaration – To Be Complete 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 _____

Office Use Only

SECTION 9

Date _____ Interviewed by _____

Approved By _____ Declined by _____

Rating _____

Comments _____

Supervisor's Signature _____ Date _____

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 Manager of Humane Services at humaneservices@stjohns.ca.

The completed form and supporting documentation can be delivered in person during normal working hours to: Humane Services – 81 Higgins Line

Please send completed form
and supporting documentation
to:

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

For further information:
Phone: 709-576-6126
Email: humaneservices@stjohns.ca