



Kootenay Animal Assistance Program Society (KAAP)

DOG ADOPTION APPLICATION

KAAP reserves the right to refuse this or any application

Animal Name: _____ **KAAP#** _____

Applicant Name: _____

(Please list complete names of all adult family members)

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Physical Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

How did you hear of our animals? _____

Have you ever adopted or relinquished an animal before? Yes No

If yes, please explain:

Describe household members (# of people, age of children etc.): _____

Do you live in a house, apartment or attached dwelling? _____

Do you own or rent? _____

If you rent, do you have permission from your landlord to adopt a dog? Yes No

Landlord name and phone number (if applicable): _____

Do you have a FULLY 100% with gate fenced yard? Yes No

If no, how will you let your dog out to safely relieve itself?

Have you ever been investigated for concerns regarding suspected animal abuse or neglect? Yes No

If yes, please explain and provide information regarding the outcome of the investigation.

Describe other animals that live in your home. (breed, age, spayed/neutered etc.)

How do your animals interact with one another?

How do your animals interact with visitors or new pets?

Describe any animals you have had in the past. (What happened to them? How long did you have them?)

What do you consider acceptable reasons to give up a pet?

Does anyone in your household have allergies to animals? Yes No

Describe the activity level of the people who want to adopt this dog.

How will the dog's exercise needs be met?

Under what circumstances do you think it would be necessary to physically discipline your dog?

Do you plan on taking this dog to any training classes? Yes No
(Some of our animals have absolutely no training and some are only partially trained.)

Are you willing to put extra effort into issues such as housebreaking, obedience and the correction of disruptive behaviours? (digging, barking etc.) Yes No

Will this dog have full access to the house when family members are home? If not, explain: _____

Will this dog remain inside or outside when left home alone? _____

If left inside:

a) Where will he/she be kept? _____

b) Will he/she have access to the outside? Yes No

c) How many hours per day will this dog be left home alone? _____

Where will your dog sleep?

Where will your dog stay when you are on vacation?

Who will be the main caretaker of this dog?

Why do you want this dog? (Companion, Protection etc.)

How much thought have you put into adopting a dog?

What do you like about the dog you are interested in adopting?

What characteristics do you least like in a dog?

What are some of the things you most enjoy in having a dog?

If you move in the future, what will you do with your pet(s)?

If your dog were to run away, what would you do to get him/her back?

Will you have annual veterinary check-ups for your dog? Yes No

Will your dog wear any identification? Yes No If yes, what type of ID would he/she have? _____

How much money are you prepared to pay per month on your dog? (Food, supplies, vaccinations, boarding, emergencies etc.)
\$ _____/month

Are you prepared to work on possible problems? (Obedience, barking, inappropriate elimination, etc.) Yes No

Veterinarian's Name: _____

Clinic: _____

Address: _____

Phone: _____

Please provide at least three references with phone numbers and relationships to you.
Ideal references are neighbours, employers, teachers, obedience trainers, pet groomer etc.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

4) Name: _____ Phone: _____

****Please note the typical cost of adopting a dog from KAAP is \$210.00. For a puppy \$300.00****

****We require payment in full when the animal leaves the foster home.****

The adoption fee is non-refundable.

After adoption, you will be personally required to provide, at your own expense, future vaccinations, de-worming, flea treatments and any other medical treatment as necessary for the life and health of this dog.

Please initial _____

Signature of Applicant: _____

Date: _____