Cause 4 Paws 

toronto

**Email: c4ptoronto@gmail.com**

**Website: www.c4ptoronto.com**

**Facebook Page: www.facebook.com/cause4pawstoronto**

**List of Dogs: www.adoptapet.com/adoption\_rescue/87428**

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| **Dog Adoption Application** | | | | | | | | | | | |
| **Applicant Information** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | Province: | | | | | Postal Code: | | |
| Age: | | | | Email: | | | | | Employer: | | |
| Home Tel#: | | | | Cell Tel#: | | | | | Work Tel#: | | |
| **Spouse Information (if applicable)** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Age: | | | | | Employer: | | | Work Tel#: | | | |
| **General Home and Family Information** | | | | | | | | | | | |
| 1. Are there children living in your home? | | | |  | | If yes, list names & ages of all children: | | | | | |
| 1. Are there others living in the home? | | | |  | | If yes, list age & relationship: | | | | | |
| 1. Does anyone in your home have asthma or allergies to animals? | | | |  | | If yes, please advise details: | | | | | |
| 1. Are you a student? | | | |  | | If yes, advise graduation date: | | | | | |
| 1. Are you expecting a child, or planning a family? | | | |  | | If yes, when: | | | | | |
| 1. Does your job or your spouse`s job require frequent out of town travel? | | | |  | | If yes, how often: | | | | | |
| 1. Are you or your spouse subject to relocation? | | | |  | | If yes, when and how often: | | | | | |
| 1. Does anyone in your home smoke? | | | |  | | If yes, inside or outside the house: | | | | | |
| 1. How would you describe yourself? (Choose all that apply) | | | | Nervous Quiet Calm Loud | | | | | | | |
| 1. What is your personal activity level? | | | | Low Average High | | | | | | | |
| 1. What is your home activity level? (Choose all that apply) | | | | Busy Quiet Calm Loud | | | | | | | |
| 1. Do you rent or own your home? | | | |  | | If you rent, please advise details:  Landlord Name:      Tel #: | | | | | |
| 1. Have you lived at your current address less than 2 years? | | | |  | | If yes, please provide address: | | | | | |
| **DOG ADOPTION APPLICATION** | | | | | | | | | | | |
| 1. Type of dwelling you live in: | | | | High Rise Apt/Condo w/balcony  High Rise Apt/Condo w/out balcony  Low Rise  Multi-Family  Townhouse  House | | | | If you have a yard, complete 14A – 14B questions below: | | | |
|  | 1. Does fence completely enclose yard? | | |  | | Please advise details (i.e. size of yard, height of fence, type of fence,): | | | | | |
|  | 1. Does your yard have access from the street? | | |  | | Please advise details (i.e. no gate, locked gate): | | | | | |
|  | 1. Do you have a pool? | | |  | | Is the pool in ground or above? Does it have a separate fence? | | | | | |
| **Animal History** | | | | | | | | | | | |
| 1. Have you ever given up an animal to a shelter or found a new home for an animal in your care? | | | |  | | If yes, please explain the circumstance: | | | | | |
| 1. Do you currently have pets at this time? | | | |  | | If yes, please complete next section 16a | | | | | |
| A  A. | **TYPE/BREED** | **Age** | | **Sex** | | **Vaccinations up to date?** | **Heartworm**  **Protective** | | | **Spayed/**  **Neutered** | **Indoor or Outdoor Pet** |
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| 1. Have you owned animals in the past? | | | | YES  NO | | If yes, please complete section 17A | | | | | |
| A. | **TYPE/BREED** | **Age** | | **Sex** | | **Spayed/**  **Neutered** | **Explain why you no longer have this pet and the dates of ownership?** | | | | |
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| **Placement Information** | | | | | | | | | | | |
| 1. Are you able to commit to providing a home for the life of the dog? | | | |  | | If no, please explain: | | | | | |
| 1. Are you looking for an indoor or outdoor pet or both? | | |  | | | | | | | | |
| 1. What type of dog activity level are you looking for? | | | Low Medium High | | | | | | | | |
| 1. What would you enjoy doing with your dog? (Choose all that apply) | | | Walking Jogging Swimming Off Leash Park Cycling Other (please specify) | | | | | | | | |
| 1. What role would you like your dog to play in your life? (Choose all that apply) | | | Companion Obedience Therapy Protection  Other (please specify) | | | | | | | | |
| 1. What circumstances might cause you to give up a dog? (Choose all that apply) | | | Baby Divorce Moving     Allergies  Shedding    Want to travel   Dog is ill    Children lost interest  Too time consuming Destructive Behavior Problems w/other pets  New household member dislikes dog    House soiling/urine marking                         None  Other (please specify): | | | | | | | | |
| 1. If your dog exhibits behavioral or adjustment issues, would you be willing to seek the advice of a Cause 4 Paws representative? | | | |  | | If no, please explain: | | | | | |
| **DOG ADOPTON APPLICATION** | | | | | | | | | | | |
| 1. Are you willing to pay for obedience or behavioral sessions? | | | |  | | If no, please explain: | | | | | |
| 1. What type of dog training have you done with current or former dogs? | | | |  | |  | | | | | |
| 1. Are you willing to bring your pet to a vet for yearly exams & vaccinations per your vet’s recommendations? | | | |  | | If no, please explain: | | | | | |
| 1. Approximately how much do you think your dog will cost you per year? Complete A-D. | | | A. Vet Bills:  B. Grooming:  C. Food:  D. Boarding: | | | | | | | | |
| 1. Are you going to get pet insurance? | | | If no, please explain your plan. | | | | | | | | |
| 1. What is the name of the dog you would like to adopt and why? | | | |  | | | | | | | |
| 1. Where will the animal stay when you are at home? | | | |  | | | | | | | |
| 1. Where will the animal stay when you are away (ie. work/vacation)? | | | |  | | | | | | | |
| 1. How many hours a day will the animal be alone? | | | |  | | | | | | | |
| 1. Do you plan to use a crate? | | | |  | | Why or why not? | | | | | |
| 1. What kind of solution would you be willing to try if housebreaking accidents occur? | | | |  | | | | | | | |
| 1. What type of food will you feed your dog | | | |  | | | | | | | |
| 1. Would you allow a Cause 4 Paws agent into your home for a scheduled visit | | | |  | | If no, please explain: | | | | | |
| **References (will only be called after approved home visit)** | | | | | | | | | | | |
| Personal References (Not related to you) | | | NAME:  NAME: | | | | | | Tel #:  Tel #: | | |
| Vet Reference \*\* | | | VET NAME:  ADDRESS: | | | | | | Tel #: | | |
| \*\***NOTE:** Please inform your vet Cause 4 Paws will be calling and give permission to release vet information to us. | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | |
| I have answered all the questions truthfully and understand that if any intentionally false statements have been given, this application will be null and void. I understand that Cause 4 Paws Toronto has the right to approve or deny this application based on its policies. I give permission for Cause 4 Paws Toronto to contact my veterinarian to confirm health/vaccination records. I understand all the risks involved with fostering/adopting an animal and release Cause 4 Paws Toronto from any liability**. I understand that if the animal is harmed due to negligence or an inability to adhere to the policies outlined in this application, I will be fully responsible for the financial costs resulting from such negligence.** I also understand that all dogs are to be leashed at all times unless Cause 4 Paws Toronto approves otherwise. I give permission for Cause 4 Paws Toronto to periodically visit the animal in my home. I understand that submitting an application does not guarantee approval. I ALSO KNOW I MUST SURRENDER ANY ANIMAL Cause 4 Paws Toronto PLACES IN MY CARE PRIOR TO ADOPTION BACK TO Cause 4 Paws Toronto UPON REQUEST BY THEIR ASSOCIATES. If I am approved to adopt an animal from Cause 4 Paws Toronto then I agree to pay the adoption fee.  Note: Please type name to represent your understanding of this form. Signature only required in person at home visit. | | | | | | | | | | | |
| Signature of applicant: Print Name: | | | | | | | | | Date: | | |