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/balconyHigh Rise Apt/Condo w/out balconyLow RiseMulti-FamilyTownhouseHouse  | 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       |
| AA. | **TYPE/BREED** | **Age** | **Sex** | **Vaccinations up to date?** | **Heartworm** **Protective** | **Spayed/****Neutered** | **Indoor or Outdoor Pet** |
|       |       |  |  |  |  |  |
|       |       |  |  |  |  |  |
|       |       |  |  |  |  |  |
|       |       |  |  |  |  |  |
| 1. Have you owned animals in the past?
 | YESNO  | 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?** |
|       |       |  |  |       |
|       |       |  |  |       |
|       |       |  |  |       |
|       |       |  |  |       |
| **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 ProtectionOther (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 petsNew 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:       |