

Simcoe and District Humane Society

Canine Pre-Adoption Questionnaire

Simcoe and District Humane Society reserves the right to reject adoption applications. All information provided will be kept strictly confidential. The purpose of this questionnaire is to ensure all animals are placed in the appropriate home environment. Please circle Y for yes and N for no.

1. Have you ever applied to adopt an animal from a humane society before? Y N
 - a. If yes please provide name of adoption agency and contact person:
 - Adoption Agency _____
 - Contact Person (if known) _____
 - b. Did you adopt an animal from this agency? Y N
 - If yes, what type(s) of animal(s) did you adopt? Cat _____ Dog _____ Other _____
 - If no, please provide reason(s) you did not adopt:
 - Application Refused Other: (please explain) _____
 - Cost _____
 - No Appropriate Animal _____
2. Animals under 5-6 months (due to veterinary preference) or those with extreme medical needs may not be altered at time of adoption.
 - a. Are you intending to adopt this animal for breeding purposes? Y N
 - b. Do you understand that puppies **MUST be altered by 6 months** and/or at the earliest appropriate stage with your veterinarian's direction? Y N
 - Will you ensure the animal does not get pregnant or create a pregnancy? Y N
3. **All dogs must be protected from the weather and injury**
 - a. Will the dog be considered an indoor dog, going outside only for exercise and toiletry? Y N
 - b. If no, how will you ensure its safety from both weather and injury?

<input type="checkbox"/> Dog run	<input type="checkbox"/> Invisible fence	<input type="checkbox"/> Other out buildings
<input type="checkbox"/> Fenced yard	<input type="checkbox"/> Insulated Dog House	<input type="checkbox"/> Other: Please Explain
<input type="checkbox"/> Kept on a Leash	<input type="checkbox"/> Regular Dog House	_____
4. Do you rent or own your home? Rent _____ Own _____
 - a. If you rent, do you have a lease with an animal clause? Y N
 - b. Does this clause allow you to have animals? Y N
 - c. Would you provide a letter from the landlord which states animals are allowed? Y N
5. Some Municipalities have limits on pets owned in one home, or have bylaws on licensing. Are you aware of any current municipal by-laws that might affect your companion animal? Y N
 - a. Please explain: _____
6. Do you presently or have you ever had any companion animals? Y N
 - a. Please list any animals in your home at this time:

 - b. If you had companion animals but they are no longer in your home please explain what happened to them:

7. Can you afford the cost of regular veterinary care, spay/neuter, food, training etc.? Y N
8. Do you have the extra time to raise, exercise, train and maintain a companion animal? Y N
9. Have you ever housetrained a dog before? Y N
10. SDHS does not always have the history of the dog before it came into care or the dog may have some behavioural issues as noted by staff, volunteers or fosterers.
 - a. Have you ever behaviour trained a dog before? Y N
 - b. Are you willing to take this dog for behaviour and social training? Y N

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11. Change of location, food, and additions to households may stress some animals, which may create many medical and behavioral issues.
- Are you willing to work responsibly on integrating the animals in the household? Y N
 - Have you ever integrated animals before? Y N (*If No, please ask an associate or volunteer how!*)
 - If yes, was it successful? Y N
12. How many people reside in your home? # of adults _____ # of children _____
- Please list ages of children
 - 0 – 6 months 18 months – 3 years 6 – 12 years
 - 6 – 18 months 3 – 6 years 12 – 18 years
 - Have they been around animals before? Y N
 - Dog Small pets (guinea pigs, hamsters) Rabbits
 - Cat Horses or other farm animals Other: _____
13. Are there any allergies to animals in your family? Y N
- If yes, to what kind of animal(s)?
 - Dog Small pets (guinea pigs, hamsters) Rabbits
 - Cat Horses or other farm animals Other: _____
14. If you go on vacation, what will you do with your pet?
- Board at kennel Stay at family or friends home
 - Board at vet Other: _____
 - Pet Sitter
15. Name of Veterinarian: _____ Phone: _____
16. Is there anyone home during the day? Y N Sometimes _____
17. Are you moving in the near future? Y N
18. You must be over 18 to sign the SDHS Adoption Agreement or have parent/guardian signature.
- Are you 18 years of age or over? Y N
 - Are you over 65? Y N
 - If yes, do you have arrangements for the care of your pet(s) if/when you are no longer able to look after them? Y N

The SDHS reserves the right to inspect your property to ensure suitability for the animal prior to adoption. Refunds are given ONLY if the animal is not medically sound and/or there is documented proof of allergic reactions. We cannot be responsible for the disposition of the adopted animal.

- I have read the pre-adoption questionnaire and have answered all questions and provided the information as required.
- I have read the Insurance information and understand that I must click the link in the email I will receive to confirm my 6-week trial of insurance and that if I do not accept the trial offer, I will be responsible for all medical or emergency care that may incur adopting a shelter animal.
- I have filled out the personal information on page 3 of the pre-adoption questionnaire and understand my personal information will be kept strictly confidential and used for the purpose of adoption of an animal from SDHS.
- I will follow through with post-adoption reports as requested.
- I understand that I may receive emails and updates from SDHS regarding post-adoption follow-up, events and SDHS updates.
- I declare that all information regarding this application for adoption is true and that I have provided accurate and correct information regarding this application and my personal information.

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Adopter Information Please Print Clearly

First Name:		Last Name:	
Street (911) Address:			
Mailing Address:			
City:	Province	Postal Code	
Home Phone:	Work Phone:		
Cell Phone:	Other Phone:		
Email Address			

A valid email address is required for SDHS records and to apply for the 6 week gift of insurance

A Photo ID would be preferred (please DO NOT USE HEALTH CARD)

Type of IDENTIFICATION:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Student Card <input type="checkbox"/> Passport: <input type="checkbox"/> Government ID: Type: _____ Other: _____		
ID number:			
Issue Date:	Month _____ Day _____ Year _____ Expiry Date: Month _____ Day _____ Year _____		
Date of Birth:	Month _____ Day _____ Year _____		

If there is a second person (example: spouse, co-habitant etc.) adopting this animal with you please provide their information below:

First Name:		Last Name:	
Street (911) Address:			
Mailing Address:			
City:	Province	Postal Code	
Home Phone:	Work Phone:		
Cell Phone:	Other Phone:		
Email Address			

A Photo ID would be preferred (please DO NOT USE HEALTH CARD)

Type of IDENTIFICATION:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Student Card <input type="checkbox"/> Passport: <input type="checkbox"/> Government ID: Type: _____ Other: _____		
ID number:			
Issue Date:	Month _____ Day _____ Year _____ Expiry Date: Month _____ Day _____ Year _____		
Date of Birth:	Month _____ Day _____ Year _____		

Emergency/Other contact to add for microchip registration:

First Name:		Last Name:	
Home Phone:	Work Phone:		
Cell Phone:	Other Phone:		

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Consent to add email and other contact information to database (Canadian Anti-Spam Law)

Simcoe and District Humane Society may be feeding a Royal Canin Diet to my newly adopted pet. With every five adoptions registered, SDHS will receive a free 30 lb bag of donated food.

- I consent to use my email address at www.petfirst.ca, Royal Canin's new adopter's website to help SDHS and receive emails regarding pet health and coupons for Royal Canin food. You may withdraw your consent at any time.

Simcoe and District Humane Society relies on donations and fundraising to help the animals. The Society also depends on the use of emails to collect post adoption updates (photos included). We ask that you add info@s-dhs.ca and adoptions@s-dhs.ca to your list of approved senders.

- I consent to receive Simcoe and District Humane Society's electronic newsletters containing information, updates and fundraising events. You can withdraw your consent at any time.

At the time adoption and with a valid email address, Simcoe and District Humane Society and 24PetWatch offers a trial of pet insurance. There may be a time when SDHS will send license renewal notices via email.

- I consent to share my contact information with Pethealth, Inc. for the purposes of receiving the 24PetWatch Gift of Insurance; you can withdraw your consent at any time.
- I consent to share my contact information with Pethealth, Inc. for the purposes of microchip registration; you can withdraw your consent at any time.
- I consent to share my contact information with Pethealth, Inc. for the purposes of License Renewal Notices. You can withdraw your consent at any time.
- I understand that Pethealth Inc may send information on other services provided by their company. You can withdraw your consent at any time.

Adopter Release of Health Concerns:

Simcoe and District Humane Society takes every precaution to adopt healthy animals. It is very possible that your adopted pet has come into contact with a contagious disease or parasite before coming into care of SDHS or at the shelter. (If you are adopting a pet with special concerns information will be available from adoption volunteer or store staff)

- I understand that SDHS cannot be held responsible for stray and Shelter Type issues such as Upper Respiratory, parasites including coccidian or giardia.
- I agree to take my new pet to a vet within 48 hours after adoption to help my pet stay healthy!
- I understand that SDHS will not be responsible for cost or care and I will not hold SDHS responsible

To Be Read and Signed by Adopter(s)

I declare that all information regarding this application for adoption is true and that I have provided accurate and correct information regarding this application and my personal information.

(Adopter MUST BE OVER 18 years of age to adopt from SDHS or 16 with parent's signature)

Adopter Signature _____ Date: (MO) _____ (DY) _____ (YR) _____

Adopter Signature _____ Date: (MO) _____ (DY) _____ (YR) _____

Parent/Guardian: (Please print clearly) _____ Contact Phone: (____) _____

(Needed if adopter is under 18)

Parent/Guardian Signature: _____