



CITY OF DELTA

Delta Community Animal Shelter

7505 Hopcott Road, Delta, BC V6G 1B7

Tel. No. 604-940-7111 Fax. No. 604-940-7799 Email: dcas@delta.ca

deltacommunityanimalshelter.ca

Dog & Puppy Adoption Questionnaire

Many factors go into finding the perfect dog to introduce to your home. This application gives DCAS staff an opportunity to ensure you are matched appropriately with a companion pet that will make you and your new dog happy for a life time!

CONTACT INFORMATION

Full Name _____ Date _____

Address _____

City _____ Postal Code _____

Phone # _____ Alternate # _____

Email _____

I would like to be made aware by email of upcoming fundraisers or shelter events: Yes No

ABOUT ME

I am interested in adopting *name of dog(s)* _____

Why are you interested in this dog? _____

How long have you been thinking about adopting a dog? _____

Have you had a pet dog before? _____

If not, have you researched being a dog guardian? What did you learn? _____

ABOUT MY HOME

Number adults in the home? _____ Number of children? _____ Their ages? _____

Has everyone in the home met the dog(s) you are applying to adopt? Yes No

What type of home do you live in? House Condo Townhome

Farm Trailer Other

Do you own, rent or belong to a strata? _____

If you rent or belong to a strata, are you allowed to keep a dog as a pet? Yes No

If you belong to a strata or have a landlord, please provide their name and phone number:

Name _____ Phone Number _____

How many other pets do you have in the home? 1 2 3 4 5 6 or more

What type of pets do you have? Dogs Cats Rabbits Birds Guinea Pigs Rodents Reptiles

What are the names of your pets? _____

Are your other pets spayed/neutered? Yes No *reason why* _____

Please provide contact information for your regular veterinarian:

Clinic Name _____ Phone Number _____

Have your other pets been socialised to a dog similar to the one you're applying for? Yes No

Does anyone in your home suffer from allergies to dogs? Yes No

If you answered yes, how will you manage the allergies? _____

ABOUT MY NEW DOG

Who are you adopting this dog for? _____

Where will your new dog live? In the home always In the home at night only

In the home in the day only Free choice in/out at all times Outdoors only

How many hours per day will you be able to spend with your dog? _____

How many hours per day will your dog be home alone? _____

Where will you keep your dog when you aren't home? _____

What kind of enrichment will you provide your new dog? _____

What food/diet does this animal require? _____

What do you think annual vet care will include and cost for your new dog? _____

Do you have experience with this sort of breed? Yes No

Are you aware of your local bylaws that apply to owning a dog and/or this breed of dog? Yes No

What circumstances would cause you to return or re-home this pet? *Please check all that apply*

Moving High cost of vet care Change in relationship Doesn't get along with other pets

Vacation Aggression Allergies New baby

What behavior problems do you have experience with? (From a previous pet) Barking

Chewing Separation Anxiety House Breaking Issues Jumping Up

Digging Escaping Mouthing Property Damage

Dog Aggression People Aggression Resource Guarding Chasing Moving Objects

How did you handle these issues? _____

Are there any issues you are unwilling to work on? _____

