

Pet Adoption Application



PINCHER CREEK HUMANE SOCIETY

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Adopter Information

Application Date:

I would like to adopt a:	Cat / Kitten		Dog / Puppy		
I am adopting this pet for:	Myself/ My Family	Relative	Friend	Companion Pet	Other

Client Name:

Occupation:

Address:

PO Box:

City/Township:

Province:

Postal Code:

Email:

Telephone:

Mobile:

Please provide two personal references (these must not be family members):

Name:

Phone:

Name:

Phone:

Household Information

How long have you lived at your current address?

Do you:

Own

Rent

Live with relatives

If Renting or living with relatives:

Have you notified your landlord / roommates about your desires to adopt a pet?

Yes

No

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If renting:

Landlord's Name:

Landlord's Phone:

Are you planning to move in the near future?

Yes

No

If yes, when are you planning to move, why are you planning to move and where are you planning to move (please include new address).

How many adults live in the household?

Are there children living in the home?

Yes

No

List the ages of the children living in the home:

Are you prepared to help your children learn the importance of responsible pet ownership?

Yes

No

Please describe the children's role in caring for this pet

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Is anyone in the home allergic to animals?

Yes

No

If yes, please describe your management plan:

What will you do with the animal when you go on vacation?

How much money do you expect to spend on this pet annually? (Consider food, housing, toys, vaccination, veterinary visits, etc.)

\$50-\$100

\$101-\$250

\$251-\$400

\$401-\$600

\$601+

Previous Pet Ownership History

Have you ever owned a pet before?

Yes

No

Do you presently have any pets living in the household?

Yes

No

If yes, please list the pets that are currently living in the household:

Breed	Sex	Spayed/ Neutered	Age	Kept indoors or outdoors	Vaccinations Current
	M / F	Y / N		In / Out / Both	Y / N
	M / F	Y / N		In / Out / Both	Y / N
	M / F	Y / N		In / Out / Both	Y / N
	M / F	Y / N		In / Out / Both	Y / N

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Who is your pet's veterinarian?

Veterinary Clinic Phone Number:

Please list the types and breeds of pets you have owned in the last ten years:

Breed	Age	How long?	What happened to the animal?
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Cat Care

How much time during an average day are you able to spend with your cat?

Will the cat be allowed in the house?

Yes

No

Where will the cat be kept during the day?

Where will the cat be kept at night?

This cat will be:

Indoors only

In / Out

Outdoors only

Unsure

If not an indoor only pet, How will you confine your new cat to your property?

Fenced yard

Cat run

Other

Will you provide a scratching post for your cat?

Yes

No

What supplies do you have or plan to purchase to care for your cat?

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Dog Care

How much time during an average day are you able to spend with your dog?

Will the dog be allowed in the house?

Yes

No

Where will the dog be kept during the day?

Where will the dog be kept at night?

This dog will be:

Indoors only

In / Out

Outdoors only

Unsure

If not an indoor only pet, How will you confine your new dog / puppy to your property?

Fenced yard

Dog run

Staked in the yard

Other

Do you have experience house training a dog or puppy, recognizing the previously house trained dogs or puppies may need retraining when adjusting to a new home?

Yes

No

If yes, describe house training techniques used:

Are you willing to take your new dog / puppy to obedience classes?

Yes

No

If no, please explain why not:

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Please initial indicating that you understand and agree to the following statements:

_____ I am 18 years of age.

_____ I understand that animals can live for many years (i.e. a dog can live for 13+ years and a cat can live for 20+ years) and as such I agree to keep this animal for its entire life or in the event that I'm unable to care for the pet I agree to surrender the pet to a no kill humane society or suitable home that meets the animals physical and emotional needs.

_____ I'm aware that the cost of routine veterinary care, food, emergency and other expenses for cats and dogs can be very expensive. I'm prepared to provide that care for the rest of the animal's natural life.

_____ Recognising that most animals leaving the Pincher Creek Humane Society are tattooed, if my adopted animal(s) get lost, I agree to notify the PCHS.

_____ The Pincher creek Humane Society has the right to refuse adoption to anyone and I understand that no animals will be held for me unless this application is approved.

_____ I will not have my cat declawed (onychectomy) unless this procedure is deemed medically necessary for animal health reasons by a qualified veterinarian. The Pincher Creek Humane Society in no way supports the declawing of cats for owner convenience recognising that scratching is a vital, natural behavior of all felines.

_____ Many of the animals that enter the Pincher Creek Humane Society have been abandoned or abused, therefore come to us with little or no history. The Pincher Creek Humane Society makes every effort to ensure we match our animal's needs to the potential adoptive families. I recognise that I may need to adjust my lifestyle to accommodate the animal's needs.

I certify that the above information is true. I also understand that giving false information on this application is grounds for denying my application. This application remains the property of the Pincher Creek Humane Society.

Applicant's Signature

Driver's License / Identification #

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For Office Use Only

Animal name:

Breed:

PCHS case number:

Adoption Counsellor name:

Confirmation	Required	Completion Date
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Identification Verification:	Yes / No	
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Comments:

Address Verification:	Yes / No	
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Comments:

Landlord Approval:	Yes / No	
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Comments:

Reference Verification	Yes / No	
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Comments:

Premise Check	Yes / No	
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Comments:

Household Member Check	Yes / No	
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Comments:

Household Pet Check	Yes / No	
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Comments:

Additional Comments regarding home visit:

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1st Vaccinations Yes / No

Comments:

2nd Vaccinations Yes / No

Comments:

Rabies Vaccination Yes / No

Comments:

Spay / Neuter Yes / No

Comments:

Additional Comments regarding animal health, vaccinations, altering procedures, etc.:

Additional Adoption Notes:

Client Approval:

Yes

No

Approval Date:

PCHS Staff Authorization:

Name

Signature