



# ADOPTION APPLICATION

118 Falcon Drive Yellowknife, NT X1A 2P7 Tel: (867)444-8444 Fax: (867) 920-7723 Shelter: (867) 920-7722 Email: nwtspcayk@gmail.com

## PERSONAL INFORMATION

NAME	ADDRESS		
HOME PHONE	CITY		
WORK PHONE	POSTAL CODE		
CELL PHONE	SPCA MEMBER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E-MAIL	I AM OVER 19	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## REFERENCES PROVIDE 2

	NAME	PHONE NUMBER	RELATIONSHIP	HOW LONG KNOWN
# 1				
# 2				

## ABOUT YOU

Why do you want a pet?

Please describe your lifestyle?

What would you do if you could no longer keep your pet?

Have you ever surrendered a pet or had one removed from your possession? Yes No

Would you consider professional training for a behavioral issues? Yes No

Would you allow one of our staff to do a scheduled home visit prior to or during the adoption process? Yes No

How many hours a day will the pet be left alone?	How many years have you been involved with pets?
Who will look after your pet when you are away?	Do you have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
How often could you exercise your dog?	What type of exercise?

## ABOUT YOUR HOME

How many adults in the home?	How many children in the home?	What are their ages?
Is any one living in the home allergic to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does every one agree to adoption ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where will the animal be kept ? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Fenced yard <input type="checkbox"/> Staked outside <input type="checkbox"/> Kennel		
What type of home do you live in? <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobil Home <input type="checkbox"/> House		
Home ownership <input type="checkbox"/> Rent <input type="checkbox"/> Own	If renting, do you have the landlord's permission to have an animal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Landlord	Contact number	Is a signed agreement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

## CURRENT PETS

Type of pet	Name of pet	Spayed / Neutered	Vaccinations up to date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PET YOU ARE SEEKING**

Specific <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	Animal Name	Animal ID #
----- OR -----		
Type of animal <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other please specify:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Animal Condition <input type="checkbox"/> Healthy <input type="checkbox"/> Special needs <input type="checkbox"/> Orphaned (bottle fed) <input type="checkbox"/> Behavioral issues		
Animal Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Not important		
Animal Energy <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Not important		
Animal Age <input type="checkbox"/> Young <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Not important		

ADDITIONAL WRITING SPACE

All of the information I have given above is true and complete. The animal will reside in my home as a lifetime companion. I will provide him/her with adequate food, water, shelter, training, affection and regular vet visits. If the animal I wish to adopt is not spayed or neutered, I agree to have this done within 4 months of the adoption. I give permission to the NWT SPCA to verify any information that I have given on this application. I understand that this application must be approved by the NWT SPCA adoption committee, and full payment must be received before I take possession of any animal.

If for some reason this agreement is cancelled by me within one week, I am entitled to a full refund.

I am in full agreement with the above terms of adoption.

The NWT SPCA is in no way liable or responsible for any damage, accident or injury resulting from the placement of an animal into my household. I will comply with all City by-laws including licensing.

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Date (dd/mm/yyyy)                      Signature of Applicant                      Witness Signature

<b>NWT SPAC USE ONLY</b>	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord approval <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of animal	Identifications #	Date (dd/mm/yyyy)	NWT SPCA Signature
Additional NWT SPCA Comments			