



**DISTRICT OF TUMBLER RIDGE
ANIMAL RESPONSIBILITY BYLAW NO. 692, 2020
SCHEDULE "H"**

ANIMAL ADOPTION APPLICATION FORM

APPLICANT INFORMATION

Name:

Address:

Civic Address:

Mailing Address:

Phone:

Email:

BCDL/ID:

Birthdate:

FOR OFFICE USE ONLY

Date:

Staff Name:

Animal's Name:

GENERAL INFORMATION

YOUR HOME

1. Who will have the primary responsibility for this animal?

1. What type of home do you live in?
Acreage House Apartment

2. Have you had animals before? Yes No

2. Do you: Own Rent

3. What happened to them?

3. Do you have your landlord's/strata's permission to have pets? Yes No

4. Have you surrendered or given away a pet?
Yes No

Please provide us with contact information for your landlord or a copy of your strata by-laws:
Checked by the District of Tumbler Ridge

Yes, please initial: _____

If yes, please provide the reason:

4. How many hours will your animal be alone on Weekdays_____ Weekends _____

YOUR FAMILY	YOUR PETS																				
1. Who are you adopting this animal for? <input type="checkbox"/> Myself <input type="checkbox"/> Other: _____	1. Are there other animals in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
2. Number of adults (18+) at home: _____																					
3. Number of children at home: 0-7 _____ 8-17 _____																					
4. Any visiting children? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list them: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name</th> <th style="width: 25%;">Breed</th> <th style="width: 10%;">Age</th> <th style="width: 10%;">Sex</th> <th style="width: 10%;">Fixed?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Breed	Age	Sex	Fixed?															
Name	Breed	Age	Sex	Fixed?																	
5. Any allergies in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Please provide the name and phone number of your vet: _____																				
6. How busy is your family's schedule? <input type="checkbox"/> Very Busy <input type="checkbox"/> Busy <input type="checkbox"/> Not Busy	HOME VISIT																				
7. How would you describe yourself? <input type="checkbox"/> Nervous <input type="checkbox"/> Loud <input type="checkbox"/> Calm <input type="checkbox"/> Quiet	Are you willing to have a District of Tumbler Ridge Animal Control or Bylaw Enforcement Officer do a home visit by appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
8. Are you planning on any of the following in the next month? <input type="checkbox"/> Moving <input type="checkbox"/> Holiday <input type="checkbox"/> Change in Schedule																					
9. Where will your animal stay during holidays? <input type="checkbox"/> At home with care <input type="checkbox"/> Boarding <input type="checkbox"/> Other	If not, why?																				
DOGS ONLY																					
1. How many hours of exercise can you give your dog? Weekdays _____ Weekends _____																					
2. What would you enjoy doing with your dog? <input type="checkbox"/> On-leash walking <input type="checkbox"/> Off-leash walking <input type="checkbox"/> Off-leash parks <input type="checkbox"/> Jogging <input type="checkbox"/> Cycling <input type="checkbox"/> Other																					
3. Approximately how much do you think your dog will cost you per year? Vet/medical _____ Food _____ Boarding _____ Grooming _____																					
4. Where will your animal stay during the night? <input type="checkbox"/> Loose in the house <input type="checkbox"/> Crated inside <input type="checkbox"/> Garage <input type="checkbox"/> Fenced kennel run <input type="checkbox"/> Fenced yard <input type="checkbox"/> Loose outside																					
5. Where will your animal stay during the day? <input type="checkbox"/> Loose in the house <input type="checkbox"/> Crated inside <input type="checkbox"/> Garage <input type="checkbox"/> Fenced kennel/run <input type="checkbox"/> Fenced yard <input type="checkbox"/> Loose outside <input type="checkbox"/> Other: _____																					

TELL US WHAT YOU ARE LOOKING FOR

Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> No preference		
Coat:	<input type="checkbox"/> Short	<input type="checkbox"/> Medium	<input type="checkbox"/> Long	<input type="checkbox"/> Non-shedding	<input type="checkbox"/> No preference
Age:	<input type="checkbox"/> Puppy	<input type="checkbox"/> Adult	<input type="checkbox"/> Senior	<input type="checkbox"/> No preference	
Size:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> No preference	
Breed/Type/Colour:					

PROBLEMS YOU ARE WILLING TO WORK ON					
<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Excitability	<input type="checkbox"/> Mild aggression	<input type="checkbox"/> Obedience	<input type="checkbox"/> House training	<input type="checkbox"/> Fearfulness
<input type="checkbox"/> Reaction to other dogs	<input type="checkbox"/> Barking	<input type="checkbox"/> Vocalization			
<input type="checkbox"/> I am not willing to work on any problems					
<input type="checkbox"/> I need more information to decide					

I WOULD LIKE MY DOG TO:	VERY IMPORTANT	QUITE IMPORTANT	NOT IMPORTANT
Be friendly with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with other dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be friendly with visitors to the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being groomed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoy being petted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be playful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never wake me up at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never show aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOME DOGS WILL REQUIRE TRAINING	YES	NO	NOT SURE
I need a dog that is already trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am first time dog owner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have obedience trained before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of experience and could handle a difficult dog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under what circumstances would you return your dog?					
<input type="checkbox"/> Moving	<input type="checkbox"/> Too costly	<input type="checkbox"/> New baby	<input type="checkbox"/> Aggression	<input type="checkbox"/> Medical reasons	<input type="checkbox"/> Not enough time
<input type="checkbox"/> Behaviour problem					
Comments:					
Have all the members of your household met the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of neglect or cruelty to animals? <input type="checkbox"/> Yes <input type="checkbox"/> No					

FALSIFIED INFORMATION WILL LEAD TO AUTOMATIC REJECTION OF THE APPLICATION. THE DISTRICT OF TUMBLER RIDGE RESERVES THE RIGHT TO REFUSE ANY APPLICANT

I understand that it is my responsibility to see and evaluate the animal for myself before agreeing to adoption. The adoption of a lifelong animal friend should not be impulsive, but rather a carefully thought out decision, which will ensure a loving, lasting relationship. I understand that the District does not know any current or previous medical or health information about this animal.

Applicant signature: _____

Date: _____