



**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

Please provide us with contact information for your landlord or a copy of your strata by-laws:

4. Have you surrendered or given away a pet?

Checked by the District of Tumbler Ridge

☐ Yes ☐ No

☐ 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"> <thead> <tr> <th>Name</th><th>Breed</th><th>Age</th><th>Sex</th><th>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: _____