Fort Erie SPCA DOG ADOPTION Application Form Please email to info@forteriespca.ca

Date:	Name of Pet:
Time:	Pet Identification Number:
and compatibility as well as crite each and every application; only needs will be contacted. If we fi	dopting a Dog. Our Adoption Applicants are screened for suitability eria related to care and commitment. We take the time to carefully read applications that align with the dogs lifestyle, physical and medical ind your application aligns well with the dog you have applied for we of days to further the adoption process. We reserve the right to deny
Are you adopting this dog for you Please Specify:	ourself; as a guard dog, or for another reason (or person)?
Are you 18 or older? Yes	No
List all members of your househ primarily responsible for the car	and including the number of children and their ages and who will be see of this pet?
Do you own your home? Yes	No
Do you rent? Yes No If "YES" please give your landle	ord's name and contact information:
Do you have a fenced in yard?	Yes No (Note: Fenced Yards are Not Mandatory)
Have you ever adopted from an If "YES" Please specify which of	
Do you currently have a dog? Do you currently have a cat?	Yes No Yes No
Please list any other animals:	
Have ever had to surrender your If "YES" For what reason and w	
May we contact your Veterinaria Veterinary Name and Contact In	

Do you agree with having your pets spayed or Are your pets vaccinated yearly? Yes N	
Will the dog be an outdoor dog (with a dog ho	use)? Yes No
Do you have experience with the breed you are Please Explain:	e applying for? Yes No
	than 20 minutes must have a well insulated doghouse and easily turn around, and that the doghouse must be from prevailing winds? Yes No
three (3) dogs per household; dogs are not allo	
Please explain the reasons for wanting to adop	t a dog?
Are you aware of the cost involved in pet own Veterinary care etc?	ership? Food; Grooming; Toys and Treats; Licensing;
Please list two (2) pet references with phone n members?	umbers other than your veterinarian or immediate family
1	
2	
Name:	Telephone Number:
Street:	City:
Postal Code:	Apartment:
Email:	
I declare this information to be correct. Plea	ase sign: X

Thank You For Your Continued Interest And Support. We are a dedicated Not-For-Profit Organization committed to the Health, Welfare and Care of All Animals.