



# Dog Adoption Application

Richmond Animal Shelter  
12071 No. 5 Rd, Richmond, BC  
V7A 4E9  
604-275-2036



Date dog is adoptable: \_\_\_\_\_ Name: \_\_\_\_\_  
Log #: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Alternative Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_



Please complete the following questionnaire in its entirety. Our main objective is to ensure good compatibility between you, your family and your new pet. Please return this application to the reception desk staff.

1. Do you own or rent your residence?  Own  Rent
2. If you rent, do you have your landlord's permission to have a dog? YES\_\_\_\_ NO\_\_\_\_
3. Landlord's name and phone #: \_\_\_\_\_
4. What type of home do you live in?  House  Apartment  Condo  Trailer  Townhouse  
Other: \_\_\_\_\_
5. How long have you resided at your current address? \_\_\_\_\_
6. Is this going to be your first dog? YES\_\_\_\_ NO\_\_\_\_  
If no, what dogs have you previously owned? \_\_\_\_\_  
Were they:  Indoor  Outdoor  Indoor and Outdoor
7. If not your first dog, what happened to previous dog? \_\_\_\_\_  
\_\_\_\_\_
8. List plans for this dog:  Companion  Outdoor Guard  Indoor Protection  
 Hunting  Obedience  Agility Other: \_\_\_\_\_
9. Do you have a regular Veterinarian?  YES  NO  
If yes, please provide name and phone #: \_\_\_\_\_

10. Are you 19 years of age or over?  YES  NO
11. Who will be the primary caregiver of the dog? \_\_\_\_\_
12. Are all family members in agreement of adopting this dog? YES \_\_\_ NO \_\_\_
13. Are there any children residing in your household?  YES  NO  
If yes, how many? \_\_\_\_\_ What ages? \_\_\_\_\_
14. Does any family member suffer from allergies? YES \_\_\_ NO \_\_\_
15. Do you currently own any other animals (including livestock)? YES \_\_\_ NO \_\_\_  
If yes, please list: \_\_\_\_\_  
Are they spayed or neutered? YES \_\_\_ NO \_\_\_
16. If you do have other pets, how do you feel they will adjust to a new dog in the house?  
\_\_\_\_\_
17. Do you have a fully fenced yard?  YES  NO  
If yes, what is the height and type of fence? \_\_\_\_\_  
If no fence, how will you handle the dog's exercise and toilet duties? \_\_\_\_\_
18. Do you have a separate kennel run?  YES  NO List height and size: \_\_\_\_\_  
If yes, is there a dog house in the run?  YES  NO  
How often will you use this run? \_\_\_\_\_
19. On average, how many hours a day will the dog be left alone? \_\_\_\_\_
20. Where will the dog spend the day when you are **NOT** home?  
 Loose indoors  Crate  Basement  Garage  Fenced Yard  
 Loose outdoors  Tied up outdoors  Kennel run Other: \_\_\_\_\_
21. Where will the dog spend time when you **ARE** home?  
 Loose indoors  Crate  Basement  Garage  Fenced Yard  
 Loose outdoors  Tied up outdoors  Kennel run Other: \_\_\_\_\_
22. Where will the dog sleep at night?  
 Loose indoors  Crate  Basement  Garage  Fenced Yard  
 Tied up outdoors  Loose outdoors  Kennel run Other: \_\_\_\_\_
23. If you answered **basement** to any of the above questions please answer the following:  
Is your basement finished and used by the family?  YES  NO  
Will your dog be alone in the basement?  YES  NO  
Will your dog be allowed to go upstairs when the family is upstairs?  YES  NO
24. How do you plan to exercise your dog? \_\_\_\_\_
25. How much time per day can you commit to exercise your dog? \_\_\_\_\_

26. What will you feed this dog?  Dry food  Wet food  Raw Food  
 Other: \_\_\_\_\_
27. Have you considered the financial responsibilities of a dog owner?  YES  NO
28. Do you feel you can commit to a dog for the next 10 to 20 years? \_\_\_\_\_
29. If you were to go on vacation, where would the dog stay? \_\_\_\_\_  
 \_\_\_\_\_
30. If you were to move in the future, what will happen to the dog? \_\_\_\_\_  
 \_\_\_\_\_
31. Are you willing to take this dog to positive method obedience classes? YES\_\_\_\_ NO\_\_\_\_
32. Are you able to provide proper medical care for your dog as required? YES\_\_\_\_ NO\_\_\_\_
33. Are you aware that if you can no longer keep the dog, you are required to return it to RAPS?  YES  NO
34. What would be the number one reason for you to return this specific animal?  
 \_\_\_\_\_  
 \_\_\_\_\_

*Training Questions:*

1. What is your opinion of using a crate for training purposes? \_\_\_\_\_  
 \_\_\_\_\_
2. Your dog refuses to obey a command such as "get off the couch", how would you handle this? \_\_\_\_\_  
 \_\_\_\_\_
3. If you returned home to find that your dog has chewed your furniture or urinated/defecated on the floor, what would you do? \_\_\_\_\_  
 \_\_\_\_\_

**ONLY APPLICANTS CHOSEN FOR ADOPTION WILL BE CONTACTED**

*Animal Control Services are concerned for the well being of all shelter dogs. Would you be willing to allow one of our staff members to do a scheduled home visit prior to and/or after the adoption process?  YES  NO If no, please explain: \_\_\_\_\_*

*All the information I have provided above is true and correct.*

*Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**Staff Initials:** \_\_\_\_\_

*The Richmond Animal Protection Society reserves the right to refuse any applicant*