Paw Pack Dog Rescue Dog Adoption Application

Please submit completed application to pawpackbc@gmail.com Date: Name of the dog you are applying for: Tell us about yourselves: Address: _____ City: _____ Telephone number: _____ Mobile number: _____ Email address: Do you \square Rent or \square Own the above residence? (Please check one) If renting, for how long?: If you own, is this a STRATA? _____ If you own, do you have renters living with you? \square Yes \square No (please check one): What type of dwelling is your home? ☐ House☐ Townhouse☐ Condo/Apartment☐ other –please explain: _____ Do you have a yard? \square Yes \square No (please check one) If yes to a yard, how large is it and is it fully fenced? How many people live in your household? _____ Please list the names and ages of all family members in the home including yourself: First name: Last name: Age: First name: Last name: Age: First Name: Last name: Age: First Name: Age: Last name: First Name: Last name: Age: First Name: Last name: Age: If you have children (under 18), have they been regularly exposed to dogs?

Is everyone in the household in agreement with adopting a dog?

 \square Yes \square No (please check one)

How would you describe your lifestyle? Sedate Leisurely Moderately active Very active (please check one) Additional comments: How would you describe the level of activity of the household? Quiet Moderately busy with some noise Hectic and very noisy (please check one) Who would be the dog's primary caretaker? Will everyone be involved with the caretaking? Does anyone in the household have allergies? Yes No Additional comments:						
Tell us about your current pets:						
Do you currently own any dogs? Yes No (please check one) If yes, how many?						
Please list name, bree				1		
Name:	Breed:	M/F :	Age:			
Name:	Breed:	M/F :	Age:			
Name:	Breed:	M/F :	Age:			
Are they spayed/neutered? Yes No (please check one) Are they up to date on all vaccines? Yes No (please check one) What is your plan to introduce your current dog(s) to your new dog? Click here to enter text. Do you currently own any cats? Yes No (please check one) If yes, how many? Please list name, breed and age of current cat(s)						
Name:	Breed:	M/F:	Age:			
Name:	Breed:	M/F:	Age:			
Name:	Breed:	M/F:	Age:			
Are they spayed/neu Are they used to beir Additional comments	ig around dogs? ☐Ye		ne)			
Are they outdoor cats? □Yes □No Are the cats declawed? □Yes □ No						

what is your plan to introduce your cat(s) to your new dog?			
Tell us about your past dog ownership:			
Besides current dogs, have you owned dogs in the last 10 years? If yes, please provide details of past dogs.			
Have you ever surrendered a pet to someone else, or to a shelter before?			
□Yes □ No (please check one)			
If yes, please explain why:			
Rescue Experience:			
Have you ever volunteered with the SPCA or any other animal rescue group? If yes, who with, and what did you do for them?:			
Have you ever owned a rescue dog before?			
Have you ever applied to adopt a dog with a rescue/shelter? \square Yes \square No (please check one)			
Dogs you would be interested in adopting:			
Check as many as apply:			
What age range are you looking to adopt – <i>check as many as apply</i> □ Puppy (≥ 6mos) □ Young (7mos – 3yrs) □ Adult (4 – 10yrs) □ Senior (10yrs+) Sex: □ Male □ Female Size: □ Small □ Medium □ Large □ X-Large Energy Level: □ Low □ Medium □ High			
Tell us about your plans for the dog:			
What are your plans for exercising the dog?			

	if you are unable to correct the dog's behavioural
How many hours a day would the dog be left	alone?
Additional comments:	
Where will the dog be kept while you are ou	t? (Ex. Free roam of house, crate etc)
Where will the dog sleep?	
Where will the dog stay if you go on vacation	1?
Our mission is to find these deserving dogs of your intention to offer them this. To ensure	a great forever home. We are certain that it is a good fit we need to ask -
What dog behaviours would consider to be u	inacceptable?
Under what circumstances would consider re	eturning the dog?
•	usands of dollars a year (food, veterinary care, n afford?
References: Please provide at least two references that d	o not live with you
Reference 1	
Full Name:	
Phone Number:Relationship to you:	
Relationship to you.	
Reference 2	
Full Name:	
Phone Number:	
Relationship to you:	
Reference 3	
Full Name:	
Phone Number:	
Relationship to you:	
Current Veterinarian Information	
Name of Clinic:	
Name of your Vet:	
Address:	
Telephone number:	

☐ By submitting this application, I attest that what I have submitted is true and complete. I agree to have Paw Pack contact my references. Please check box.				