

SAVE OLD SOULS (SOS) ADOPTION APPLICATION

PHONE NUMBER: 403-529-0697

EMAIL: saveoldsouls@gmail.com WEBSITE: saveoldsouls.com

Some of the dogs that come into our care have led a difficult life prior to being rescued. We need to ensure that this dog's second chance at life will be as healthy and happy as possible. In order for S.O.S to do this, please answer the following questions to the best of your ability. This will help us match you with a dog that will be compatible with your lifestyle. It will also assist us in determining whether the adoption is in the best interest of the dog and your family.

PERSONAL INFORMATION

LAST NAME

FIRST NAME

PHONE NUMBER

EMAIL

ADDRESS

I AM

ATTENDING SCHOOL

WORKING FULL TIME

WORKING PART-TIME

RETIRED

UNEMPLOYED

LIVING SITUATION

WHERE DO YOU CURRENTLY LIVE?

HOUSE

CONDO

APARTMENT

DO YOU:

RENT

OWN

LANDLORD'S NAME:

LANDLORD'S PHONE NUMBER:

DOG OWNERSHIP AND EXPERIENCE

ARE YOU ADOPTING THIS DOG FOR YOURSELF?

YES NO

SIZE DOG YOU WOULD PREFER:

SMALL MEDIUM LARGE

ARE THERE CHILDREN IN THE HOUSE? IF YES, WHAT ARE THEIR AGES?

YES NO

HOW MANY HOURS A DAY WILL THE DOG BE LEFT ALONE?

WHERE WILL THE DOG BE KEPT DURING THIS TIME?

IS EVERYONE IN THE HOUSEHOLD AWARE OF THE ADOPTION?

YES NO

HOW MANY HOURS PER DAY WILL YOU SPEND WITH THIS DOG?

DO YOU HAVE A COMPLETELY FENCED IN YARD?

YES NO

HOW OFTEN DO YOU PLAN TO EXERCISE THIS DOG?

HOW DO YOU PLAN TO EXERCISE THIS DOG?

DOES ANYONE IN THE HOUSE HAVE PET ALLERGIES?

YES NO

DO YOU CURRENTLY HAVE PETS LIVING IN YOUR HOME? IF YES, STATE TYPE AND AGE:

IF YOU CURRENTLY HAVE PETS, ARE THEY SPAYED/ NEUTERED?

HAVE YOU EVER HAD TO RE-HOME YOUR PET ? IF SO, WHY?

WHERE WILL THE DOG STAY WHEN YOU GO ON VACATION?

ARE YOU ABLE TO TAKE THE DOG WITH YOU IF YOU MOVE?

ARE YOU WILLING TO LOOK AFTER ANY MEDICAL ISSUES THAT MAY ARISE? (EG.,
MEDICATIONS, SPECIAL DIETS, ETC?)

IF YOU CURRENTLY HAVE A VET, PLEASE PROVIDE NAME AND NUMBER:

HOW OFTEN DO YOU PLAN ON BRINGING YOUR DOG TO THE VET?

REFERENCES

PLEASE LIST 2 PEOPLE (NON-FAMILY) WE MAY CONTACT AS REFERENCES

REFERENCE 1

NAME

PHONE NUMBER

REFERENCE 2

NAME

PHONE NUMBER

PLEASE LIST ANY OTHER INFORMATION THAT MAY BE HELPFUL TO THIS APPLICATION:

On Approved Adoption of an S.O.S dog, I/We Agree to the Following Conditions:

I/We understand that in adopting a dog without a previous record that the breed of said dog will be determined by an S.O.S representative in conjunction with the consulting veterinarian. I/we will allow the dog a minimum of four (4) weeks to adjust to our home environment and lifestyle. Please contact an S.O.S representative with any questions or concerns you may have concerning your newly adopted companion. I/we agree to cover any expenses related to canine ownership (eg., spay/neuter and other vet care appointments as required, a quality diet, medication(s) if needed). A suitable home must be provided for the adopted dog. This includes proper food, water, shelter, vet care, exercise, love, companionship and attention.

A home check is required prior to adoption and/or after adoption.

I/we will endeavor to ensure that our new companion wears identification at all times, preferably nylon buckle type collars. S.O.S will consider the use of choke chains a breach of contract and grounds to reclaim the dog.

I/we will not re-home our adopted companion. If for any reason I/we can no longer keep the dog or this adoption does not work out after the initial 4 week trial period, I/we agree to contact S.O.S, who will attempt to re-home the dog if possible.

If the dog becomes extremely ill or develops a physical or mental handicap within the first year of adoption, I/we agree to contact S.O.S prior to making a decision regarding euthanasia. I/we understand the adoption fee is non-refundable.

I/we agree to all the above statements and believe all the information we have given to be complete and correct. It is understood that failure to comply with the above conditions could result in the animal being reclaimed by S.O.S. I/we also agree to the release of any liability and indemnification and hold S.O.S entirely blameless and indemnified from any and all claims of liability for the conduct of this animal on or after the date of adoption of this dog.

By checking this box, I certify that I have read and agree to the above conditions

ADOPTER SIGNATURE:

DATE:

S.O.S REPRESENTATIVE SIGNATURE:

DATE:

All information is confidential and will not be used for any reason other than in association with this adoption.

23/MARCH/13