



WAG Dog Adoption Application

Help us to find you the right fit!

Thank you for taking the time to fill out this application carefully and thoughtfully.

Every animal and every home is unique.

We have a 99% success rate in matching animals with wonderful FOREVER homes.

We use this application as a starting point to match your lifestyle, needs, and experience with the animals we know so well. We are committed to finding each WAG animal the right match.

Date: _____ Name of Dog you wish to adopt: _____

Where did you see this dog advertised for adoption? _____

PERSONAL INFORMATION:

Your Full Name(s): _____

Your Home Address: _____

Your Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Phone Number: _____

Birth Date: _____ Do You have Canadian Residency? Yes No

Email Address: _____

Your occupation: _____ Employer's Name _____

Have you adopted an animal from WAG in the past? _____

DESCRIBE YOUR RESIDENCE AND FAMILY:

Single Family Home Townhouse Condominium/Apartment/Suite Farm

Other information regarding your home or yard:

Do you own your home? Yes No

If not, do you have your landlord's permission to keep a pet? Yes No

Please provide your landlord's name and phone number:

Name: _____ Telephone: _____

If your residence has a strata, do the bylaws allow pets? _____

How long have you been at this address? _____

How long do you plan on staying at your current address? _____

How long have you been a resident in your community? _____

No. of Adults in your home (19 yrs +) _____

No of Children in your home _____ Please List their ages: _____

Any visiting children? Yes No How often do they visit? Daily Weekly Monthly

At what age do you feel children are responsible enough to take care of a dog without assistance?

How would you describe your household? Loud Quiet Nervous Calm

Does anyone in your household suffer from allergies? _____

If you have pets, how do you feel they will adjust to a new animal in the house?

Why do you want this animal? Please check all that apply:

- Companion Companion for another pet Show animal/entertainment Hunting
 Guard dog Working dog

If your current relationship changes, with whom will the dog remain, please explain.

Do you have someone who could look after your dog in the event of a serious illness or death?

Do you have a yard? _____ If yes, is it fenced? _____ Is it fully fenced? _____

If yes, what type of fence is it and how high is it? _____

Has everyone living in your home had an opportunity to meet with this dog you wish to adopt?

TELL US ABOUT YOUR CURRENT PETS

Species	Name	Breed	Gender	Spayed/ Neutered	Age	Vaccine Status	Where Obtained?
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Current <input type="checkbox"/> Overdue	

TELL US ABOUT YOUR PAST PETS

Species	Name	Breed	Gender	Age	Please tell us what happened to them. (e.g. deceased, rehomed)
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			<input type="checkbox"/> F <input type="checkbox"/> M		

Please list each veterinarian and veterinary clinic that has cared for your animals. If you do not have a current or past veterinarian please list the name of the clinic you plan to use.

Name of Clinic	Name of Veterinarian	Telephone Number	Name under which records are listed

DESCRIBE YOUR LIFESTYLE AND HOW YOU WILL CARE FOR THIS DOG:

How busy is your family? Very Sometimes A little Not at all

What do you believe are the most important responsibilities involved in caring for a dog?

How long have you been considering adopting a dog? _____

What role will this dog play in your family?

How many hours per week do you work? _____ Can you take your dog to work? Yes No

How many hours per day will your dog be home alone? _____

Where will your dog stay when you are not home during the day? Loose in house Crate
 Garage/basement Tied outside Loose outside Daycare Dog will not be left alone
 Other

Where will your dog stay during the night? Crate in bedroom Loose in house Garage/
basement Outside Other

Where will this dog stay while you are on vacation? _____

Which member of your household will be primarily responsible for the care and control of this animal?

What would you enjoy doing with your dog?

On leash walks Swimming Off Leash parks Jogging Hiking Mtn biking Other

How many hours per week do you plan to spend exercising, training, grooming, playing with, and caring for this dog?

How much daily exercise can you give your dogs?

Week: _____ Weekend: _____

Do you have plans to participate in training classes with this dog?

What methods do you plan to use for: housetraining, pulling on leash, chewing, etc.?

Do you have a pickup truck? _____

If yes, would you allow your dog to ride in the back? _____

What hobbies/activities do you and your family have, outside of employment?

Problems you are willing to work on:

- Separation Anxiety Excitability Obedience House Training Barking Fearfulness
 Vocalizing I am not willing to on any problems I need more information to decide

Please list the annual expenses involved in caring for this dog:

Are you prepared to cover any vet expenses this pet may incur throughout its life? Yes No

Is there a limit? _____ How much is too much? _____

Please tell us about your experience training dogs in the past. Include books you have read or other relevant experiences.

Are you familiar with your local animal control bylaws? Yes No, I need more information

What challenges do you anticipate in helping this animal adjust to its new life? Remember, we are here to help with the adjustment process.

If you move during your dog's lifetime, what will happen to the dog?

Which of the following would force you to give up your dog?

- Divorce/separation Moving where pets aren't allowed Barking/training issues
 Large veterinary bills Dog develops chronic illness Planning on having a baby
 Dog doesn't get along with current pet Does not apply

Have you ever given an animal away or surrendered an animal to WAG in the past? _____

If yes, please explain: _____

Have you ever been charged with neglect or cruelty to animals? _____

Is there anything else you think we should know about you or your family, or anything else you would like to tell us?

Do you have any concerns about adopting?

REFERENCES

Please provide **2 non-personal references**. Please avoid using friends or family members as references. We suggest employers, employees, clients, academic advisors or professors, associates for organizations to which you belong, or anyone else who can provide a character reference.

Please provide their name, name of business or organization, your relationship to this person, and a contact number where we can reach them.

Name	Name of Business/Organization	
Relationship to you (e.g. employer)		Contact Number(s)
Name	Name of Business/Organization	
Relationship to you (e.g. employer)		Contact Number(s)

SIGNATURE

I certify that all of the information contained within this application is correct and reflects my true beliefs and intentions regarding caring for this dog. I understand that any misrepresentation of the truth in this application will invalidate any subsequent adoption agreement and give WAG the right to reclaim the dog.

I understand that completing and submitting this application does not guarantee me approval for adoption of a WAG dog. WAG reserves the right to refuse any application for any reason.

Signature _____ Date _____

PRIVACY AND PROTECTION OF PERSONAL INFORMATION

The personal information collected on this application will be used solely to determine the applicant's suitability for adoption of a WAG animal. By providing information on this application, you are voluntarily consenting to the collection and use of your personal information by WAG. This information will not be used for any other purpose by WAG without your written consent. This information will not be disclosed to any other organization. All information provided will be kept in such a manner as to ensure its confidentiality.

At written request, applicants may access their personal information held by WAG. Requests may be mailed to WAG at P.O. Box 274, Whistler, BC, V0N 1B0, faxed to 604-935-8328, or emailed to WAG@whistlerwag.com.

FOR OFFICE USE:

Date of Receipt by WAG: _____