



WAG Dog Adoption Questionnaire

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 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: _____

When are you available to take this animal home? _____

PERSONAL INFORMATION

Your Full Name(s): _____

Your Home 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? _____

RESIDENCE AND FAMILY

Single Family Home Townhouse Condominium/Apartment/Suite Farm

Do you have a yard? Is it fully fenced? What height are your fences?

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? _____

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

How would you describe your household? Loud Quiet Nervous Calm

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

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

Why do you specifically want the dog listed?

If your current relationship changes, there is a serious illness or death, with whom will the dog remain, please explain.

What kind of vehicle do you own?

How do you plan on transporting your dog?

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

CURRENT AND PAST PETS

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

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

Feel free to add more details on the back of the Questionnaire

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

LIFESTYLE AND CARE

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? _____

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

What activities will you enjoy doing with your dog?

How much daily exercise can you give your dog?

Week: _____ Weekend: _____

TRAINING

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

Have you researched any Trainers in your local area that you plan on using? If so, please list.

What training methods do you plan to use on your dog?

Corrective Based Training Positive Reinforcement Training Negative Reinforcement Training
 I am not sure I would like to learn more about the different methods

Problems you are willing to work on:

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

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

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

COSTS AND MEDICAL CARE

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? _____

Have you looked into Pet Insurance? Yes No

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?

- | | | |
|---|---|--|
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Moving where pets aren't allowed | <input type="checkbox"/> Barking/training issues |
| <input type="checkbox"/> Large veterinary bills | <input type="checkbox"/> Dog develops chronic illness | <input type="checkbox"/> Planning on having a baby |
| <input type="checkbox"/> Dog doesn't get along with current pet | | <input type="checkbox"/> 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: _____