

321 3rd Avenue E P.O. Box 2126 Hanna, AB TOJ 1P0 **403.854.3700**

Email: harvestskyrescue@gmail.com www.harvestskyrescue.ca

Canine Adoption Application

Harvest Sky Animal Rescue Society, hereby known as the HSAR

To be considered as a potential adopter, you must:

- Be at least 18 years of age
- Have identification containing your address
- Be able and willing to spend the time and money necessary to provide training, medical treatment, and other proper care for a pet
- Have the knowledge and consent of your landlord and show written proof of lease/rental agreement in your name (if applicable)

Completion of this form DOES NOT guarantee adoption of an HSAR animal.

Contact Information:				
Name:	Date:	Date:		
Mailing Address:	Physical Address:			
Street/P.O. Box	Street			
City, Province	City, Province			
Postal Code				
	Phone # (Cell):			
Email:				
Preferred Contact Method:	Canine Applying For:			
Employer:	Phone #:			
Please provide 3 references: (co-wo	orkers, veterinarian, pet-sitters, etc)			
Name:	Phone (Day):			
	Phone (Cell):			
Name:	Phone (Day):			
Relationship:	and the same of th			
Name:	Phone (Day):			
Relationship:	Phone (Cell):			



Questionnaire:

The purpose of this questionnaire is to select the most compatible home for all our animals. Thank you for your patience to take the time to complete this form.

1)	How did you hear about the HS.	AR and the animal	you are interested in adopting?			
	a) www.harvestskyrescue.c	a				
	b) Kijiji					
	c) HSAR Facebook Page					
	d) Word Of Mouth					
	e) Other (specify)					
2)	Do all adult members of the household know that you plan to adopt a pet? Y N					
3)	Who will be responsible for this	ho will be responsible for this animal?				
4)	Are you willing to have a HSAR representative come to see where the animal will be living?					
	Y N					
5)	Do you live in a:					
	a) House					
	b) Apartment					
	c) Other (specify)					
6)	Do you:					
	a) Own					
	b) Rent					
	c) Live with parents					
	d) Have roommates/shared					
7)) If you rent, do you have written permission from your landlord to have a pet? YN					
8)	How long have you lived at your current address?					
9)	Do you anticipate moving within the next 6 months? Y N					
10)	Do you have children at home?	Y N Age <u>s:</u>				
11)	11) Have you ever had a pet before? Y N Type:					
12)	Was it neutered/spayed? Y I	N How long did you	have it?			
	a) If you no longer have it, v	why?				
13)	Do you have any pets at home i	now? Y N Type <u>:</u>				
14)	Are all of your pets healthy and	current on their va	ccinations? Y N			
15)	Will your other pets accept this	new pet? Y N				
16)	Where will this animal live?	Sleep?	Go to the bathroom?			
	a) House	a) House	a) Yard			
	b) Barn	b) Barn	b) Pee-Pads			
	c) Shop	c) Shop	c) On Walks			
	d) Outdoors	d) Outdoors				
	e) Crate	e) Crate				
17)	Why do you want to adopt a pe	t?				
18)	Is anyone in your house allergic	to animals? Y	N			



19)	Under what circumstances would you give up this new pet?
20)	Have you given away/surrendered a pet in the last 6 months? Y / N Why?
•	What will you do if the pet shows some behaviour problems such as barking, biting, or eliminating in the house?
•	Do you plan to have the dog's tail docked or ears cropped? Y N Owning a pet costs approximately \$1000/year for food, supplies, & vaccinations, not

- including unexpected medical care. Are you willing to spend this much or more for the care of this animal? Y N
- 24) Dogs often live longer than 12 years. Can you be responsible for this animal for its entire life? Y N
- 25) Do you agree to provide a good permanent home, sufficient water, food, shelter, medical care, and humane treatment for this animal at all times? Y N
- 26) We may contact you for an update to help ensure the animal successfully adjusts to its new life. Do you consent to home visits and/or phone calls after adoption? Y N

PLEASE NOTE THE HSAR RESERVES THE RIGHT TO REFUSE ADOPTIONS.

