



DOG APPLICATION FORM

We carefully screen each applicant to ensure that our animals are matched with the right guardian and best possible home. An incomplete application will not be processed.

Please note that this application will be filed as property of Meant 2B Loved Pet Rescue Society once submitted. This application will be reviewed by our volunteers, and it may take up to a week to be processed. We reserve the right to decline applications for any reason.

DOG NAME: _____

Applicant Information

1) First Name: _____ Last Name: _____

2) First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____ Email address: _____

Home Phone: _____ Mobile phone: _____

Applicant age (s): 19-30 31-40 41-50 51-60 61-70 71+

What do you do? Student Employed Retired Other: _____

If employed, do you work: At home Shift work Part time Full time Other

Household Information:

1) How long have you lived in your current home? _____

Type of home:

House Townhouse Apartment/Condo Suite in House Other

2) Do you own or rent your home? Own Rent



If renting, you must provide landlord contact information and/or written approval or we cannot process the application. Completed? Yes No Not Applicable

Landlord contact Information: _____

****If strata (rent or own), you must attach a copy of the bylaws regarding pets or we cannot process the application.** Completed? Yes No Not Applicable

3) Do you have a completely fenced yard?

Yes What is the height and material of the fence? _____

No How do you plan to keep dog on property? _____

4) Describe the activity of your household in the context of residents and lifestyle?

Very quiet Not very busy Moderately busy Very busy

5) Do you have children between ages 0-18? No Yes, please state ages: _____

6) Do you have many visitors to the house (children, grandchildren, etc.)? Yes No

7) Do you plan on moving in the next 6 months? Yes No

8) Are you planning on any vacations in the next 2 months? Yes No

9) How many people reside in your household? _____

10) Has everyone in your household met the dog? Yes No

11) Do any household members have animal-related allergies? Yes No

If yes, how they will cope with their allergies? _____

12) Are all household members aware and in agreement with adopting a dog?

Yes No If no, please explain: _____

General Inquiry

13) Who will be the primary caregiver for the pet? Myself Partner Other: _____

14) How long have you been considering adopting a dog? _____

15) What do you feel are the biggest responsibilities in owning a dog? _____



16) What do you plan to do with your dog?

- On-leash walking
 Off-leash walking
 Off-leash parks
 Hiking
 Camping
 Backyard time
 Other: _____

Please indicate what characteristics are you are looking for in a dog:	Yes, Always	Sometimes	No, not important
Indoor protection			
Outdoor guard			
Enjoys being cuddled			
Friendly with children			
Friendly with visitors to the house			
Active/playful/high energy			
Calm/quiet/low energy			
Independent			

Lifestyle Logistics

17) As an estimate, how much money will you spend on the dog **annually**?

Vet Checkups: _____ Food/Supplies: _____ Misc (Boarding/Training/Groomers): _____

18) In case of a **medical emergency**, how much are you willing to spend on the dog?

- \$0-\$750
 \$750-\$1,500
 \$1,500-\$3,000
 \$3,000+

19) Do you plan on purchasing pet insurance? Yes No

20) What brand name food will you feed the dog? _____

21) What type of collar will the dog wear?

- Martingale
 Flat Collar
 Harness
 Head Halter
 Prong/Choke Collar
 E Collar

22) Do you have any experience in obedience training? Yes No

23) How many hours will the dog be **left alone**: On weekdays? _____ On weekends? _____

24) How many hours will the dog be **exercised**: On weekdays? _____ On weekends? _____



25) Where will the dog be when you are:

At Home?	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
Away from Home?	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
At Night?	<input type="checkbox"/> In the yard	<input type="checkbox"/> Loose in the house	<input type="checkbox"/> Crated/in a pen	<input type="checkbox"/> Patio/Deck	<input type="checkbox"/> Other:
On Vacation?	<input type="checkbox"/> With family	<input type="checkbox"/> With family	<input type="checkbox"/> Boarding Services	<input type="checkbox"/> Coming with you	<input type="checkbox"/> Other:

26) Please describe how you will train or develop positive behaviors for your dog:

27) The dog has eaten a pair of your favorite shoes. How would you address this kind of behaviour? _____

28) The dog had defecated or urinated in the house. How would you address this situation? _____

29) If you tried to take food/toys from the dog and it growled at you, how would you address this situation? _____

30) What behaviors/obstacles are you willing to work with? If applicable, check more than one.

- Separation Anxiety
 Dog Aggression/Reactivity
 Leash Manners
 Barking
 Jumping
 Fearful/Shyness
 Prey Drive
 Mouthy/Biting
 House Training
 Dietary Issues
 Other

31) Under what circumstance(s) would you not keep this dog? If applicable, check more than one.

- Aggression towards other dogs
 Unable to give enough time
 Too many other pets
 Pregnancy in the family
 Divorce in the family
 Personal Medical Reasons
 Relocation
 Vet Bills (too expensive)
 Aggression towards people
 Other: _____

32) What would you do if you could no longer take care of the dog?

- Return it to the shelter
 Rehome with friends or family
 Other: _____



Animal Experience

33) Do you currently have any pets? Yes No

	Name:	Type of Pet (specify breed)	Age	Neutered or Spayed?	Regularly Vaccinated
1					
2					
3					
4					

34) If pets not altered or vaccinated regularly, please explain why: _____

35) Do any of your current animals have notable medical conditions? If so, please explain:

36) What is your plan for introducing the dog to your current animals at home? _____

37) As an adult, have you previously had any pets? Yes No

If yes, please indicate the following:

	Name:	Type of Pet (specify breed)	Age	Where are they now? What happened?
1				
2				
3				
4				

38) Have you ever rehomed or surrendered a pet before? Yes No

If yes, please explain why: _____

Type text here



References

39) Please provide the name and phone number of your veterinarian *for previous and/or current* pets. Name: _____ Phone Number: _____

If you don't have a regular vet, please explain why: _____

40) Provide the name and phone number of two personal references – **not a family member**:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Thank you for taking the time to complete this application.

I verify that the information provided on this application is true and comprehensive, and that I am at least 19 years of age.

I consent to M2BL volunteers phoning the references provided.

Signature

Date

***Pending approval,** when are you available to pick up the dog: _____



FOR M2BL VOLUNTEER USE ONLY:

Personal References:

Veterinary Reference(s):

Volunteer Notes/Observations:

Communication with Applicant:



Call back date: _____ Application Approved: Yes No Initial: _____