



TIME: \_\_\_\_\_

**Canine Matchmaking Form**

You will be required to show current photo identification bearing your current address. We reserve the right to deny adoptions. Giving false information will result in forfeiture of any monies paid and adoption will be cancelled.

A#	P#	QPO√	Staff/Volunteer
First Name _____ Last Name _____			
Address _____ City _____ Prov _____ P. Code _____ (Include suite number; if rural, list both physical & mailing address)			
Home Phone _____ Business _____ Cellular _____			

Full names of all adults who share your residence \_\_\_\_\_  
 Are you 18 years of age or older? Yes No Have all household members participated in the decision Yes No  
 Someone in my home is nervous or unsure of dogs No Yes, explain \_\_\_\_\_

Number & ages of all children under 18 yrs \_\_\_\_\_

Why do you want to adopt? Family Pet Guard Dog/Protection Hunting Gift For \_\_\_\_\_ Other \_\_\_\_\_

Do you or does anyone you live with suffer allergies to pets or asthma? Yes No Are they here today? Yes No

Do you live in a House Apartment Condo Mobile Home Other \_\_\_\_\_

Do you Own Rent Live With Parents Other \_\_\_\_\_

If you rent are you sure you're allowed dogs? Yes No Unsure Will you be moving in the near future? No Yes, How Soon? \_\_\_\_\_

What qualities are important to you in your next dog? \_\_\_\_\_  
(calm, housetrained, athletic, good at dog park, good watchdog potential, affectionate, good with cats/kids/dogs, etc)

Your dog will be kept mainly Indoors Outdoors Barn Other \_\_\_\_\_  
Where will the dog sleep at night? Indoors Outdoors Other (explain) \_\_\_\_\_

If mainly outdoors please describe accommodations for the dog \_\_\_\_\_

Type of confinement: Fully Fenced Yard (height \_\_\_\_\_) Dog Run Tied Up Walk on Leash Loose on Property Undecided

How many pets have you had in the last 5 years? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other, list \_\_\_\_\_

How many animals do you currently live with? Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other, list \_\_\_\_\_

Are your pets at home spayed/neutered Yes No, explain \_\_\_\_\_

Are your pets up to date on vaccines? Yes No Unsure Willing to bring your dog in for a dog-dog intro? Yes No

Do you have a veterinary clinic? Yes, please list \_\_\_\_\_ No-you would like to discuss with a counsellor

Please circle all areas you would like to discuss with an adoption counsellor;

- |  |                            |                             |
|--|----------------------------|-----------------------------|
| Introducing your dog to other household pets | Diet/Nutrition             | Toys/Enrichment             |
| Children & Dogs/Puppies                      | Obedience Training/Classes | Identification for your pet |
| Reasons for spaying/neutering                | Proper Socialization       | Nail Trimming               |
| Housetraining                                | Kennel/Crate Training      | Pet Insurance               |

<i>Office Use Only</i>		
Approved _____	Date Approved _____	Supervisor _____
Conditions of Approval _____		
_____		
_____		
_____		

**Conditions of approval must be entered into the person file.**