Companion Paws Canada Personal Therapy Dog Adoption Application

First Name * Last Name *

Age * Birth Date *

Email * Phone *

Street Address *

City * Province *

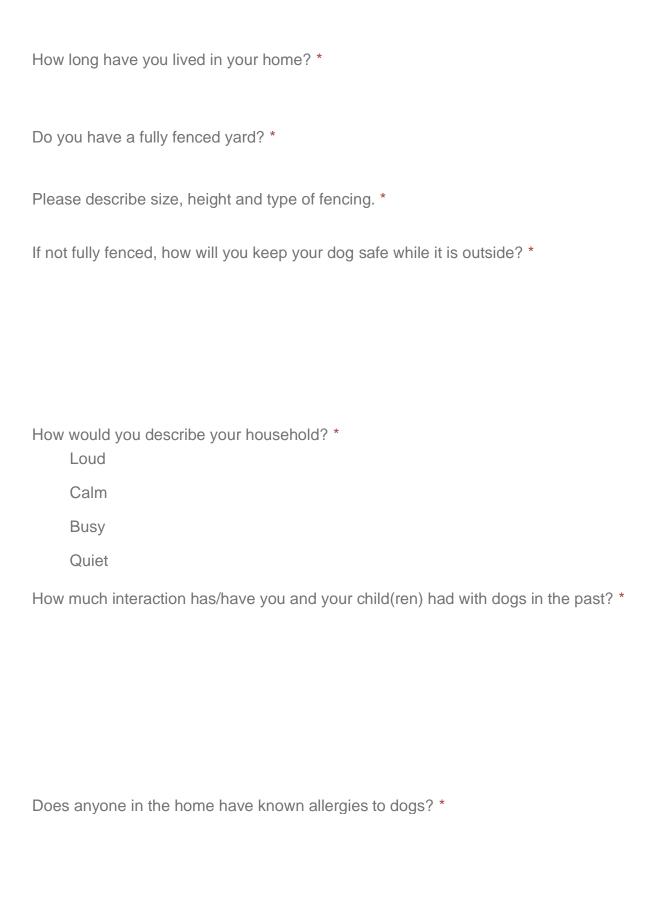
Mental Health Provider *

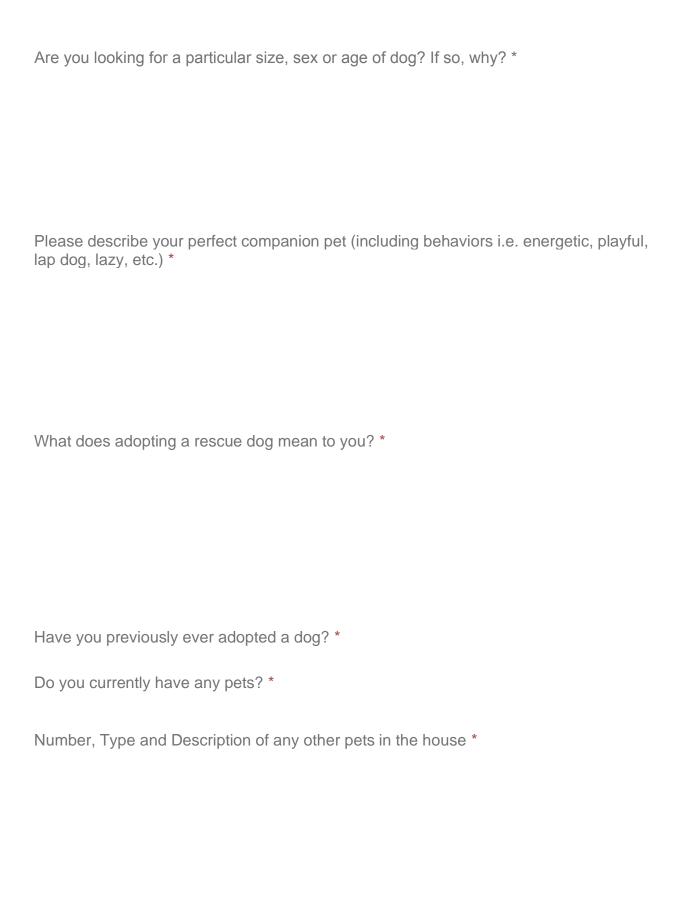
Mental Health Provider phone #: *

Please attach a letter to the email from your physician stating that a therapy animal would be an effective help.

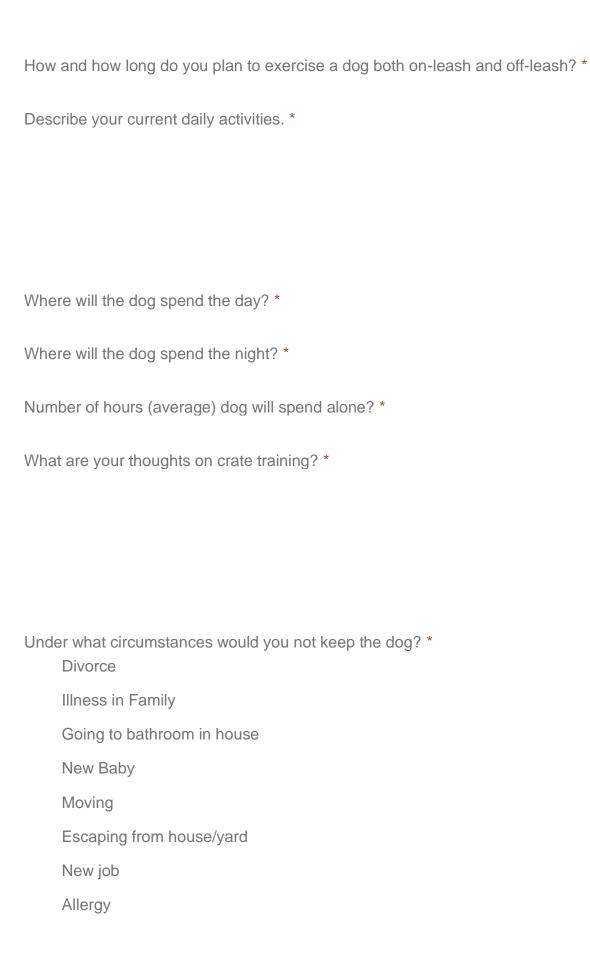


Names, ages, occupation and relationships of all members of household: *
What kind of family home do you live in? *
Single Family
Townhouse Condo
Apartment
Mobile
Farm
Duplex
Student Housing
Home size (square footage) *
What is the size of your property? *
Do you live in a rental unit? * Y N
If renting, please upload a letter (pdf format) to the email from your landlord stating that permission to keep a dog on the property is granted.



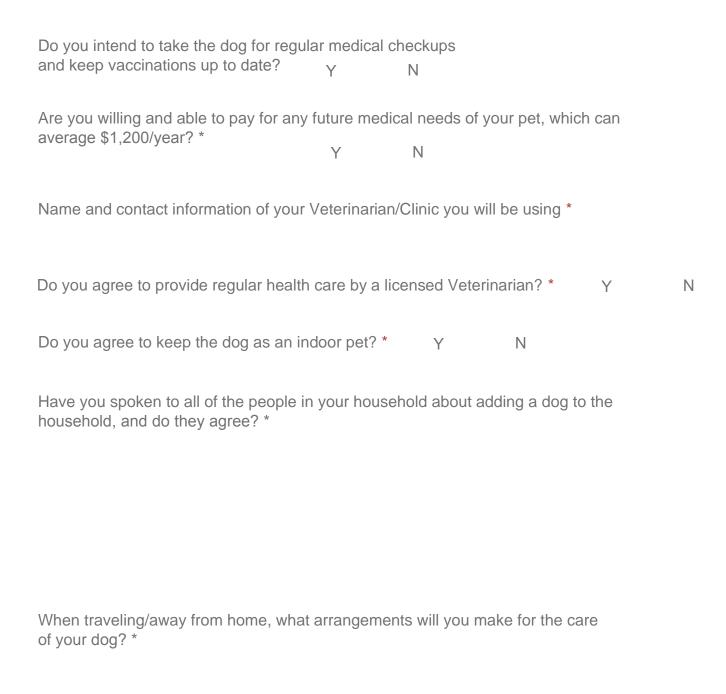


Are your exisiting pets spayed / neutered?
Are your existing pets up to date on vaccines?
Have you previously owned any pets in the last 10 years (other than any now), and what became of those pets?
Where do current pets/did previous pets spend most of their time? *
What are you currently feeding your dogs (type of food and brand)? *
Are you capable of caring for a companion animal? (Exercising, walking, feeding, playing, grooming, and training) *
What is the work schedule of the family members, and how long would a dog be in your home alone? *



New partner allergic / doesn't like dog
Chewing
Barking
Dog became ill /high vet bills
Digging
Shedding too much
Being destructive in the house (furniture, shoes, etc)
Dog grew too big
Biting
Kids ignore the dog
Pets didn't get along
Not obedient enough
Redeployment
Other
If 'other', please specify.
If you were to move in the future, what would happen to your dog? *
Have you ever surrendered a pet? * Y N
If yes, please tell us why.

Explain how you will be able to manage the training of the dog in accordance to your current work / leisure schedule *



Are you prepared to make the 10-15 year commitment a dog requires? *	Υ	Ν
Are you willing to let a representative of Companion Paws or the Rescue have		
visit by appointment? *	Υ	Ν
Are you able to fund the \$2800 cost of the adoption program? *	Υ	Ν

Any additional information you would like to add?

Reference #1 (Name, phone number and relationship) No more than one relative or family member *

Reference #2 (Name, phone number and relationship) No more than one relative or family member *

Reference #3 (Name, phone number and relationship) No more than one relative or family member

Upon submission of the completed adoption application, you will be contacted within 24 hours, with the next steps of the process.

