

Companion Paws Canada Personal Therapy Dog Adoption Application

First Name *

Last Name *

Age *

Birth Date *

Email *

Phone *

Street Address *

City *

Province *

Postal Code *

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.

How long have you lived in your home? *

Do you have a fully fenced yard? *

Please describe size, height and type of fencing. *

If not fully fenced, how will you keep your dog safe while it is outside? *

How would you describe your household? *

Loud

Calm

Busy

Quiet

How much interaction has/have you and your child(ren) had with dogs in the past? *

Does anyone in the home have known allergies to dogs? *

Are you looking for a particular size, sex or age of dog? If so, why? *

Please describe your perfect companion pet (including behaviors i.e. energetic, playful, lap dog, lazy, etc.) *

What does adopting a rescue dog mean to you? *

Have you previously ever adopted a dog? *

Do you currently have any pets? *

Number, Type and Description of any other pets in the house *

Are your existing 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? *

How and how long do you plan to exercise a dog both on-leash and off-leash? *

Describe your current daily activities. *

Where will the dog spend the day? *

Where will the dog spend the night? *

Number of hours (average) dog will spend alone? *

What are your thoughts on crate training? *

Under what circumstances would you not keep the dog? *

Divorce

Illness in Family

Going to bathroom in house

New Baby

Moving

Escaping from house/yard

New job

Allergy

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 *

Do you intend to take the dog for regular medical checkups
and keep vaccinations up to date? Y N

Are you willing and able to pay for any future medical needs of your pet, which can
average \$1,200/year? * Y N

Name and contact information of your Veterinarian/Clinic you will be using *

Do you agree to provide regular health care by a licensed Veterinarian? * Y N

Do you agree to keep the dog as an indoor pet? * Y N

Have you spoken to all of the people in your household about adding a dog to the
household, and do they agree? *

When traveling/away from home, what arrangements will you make for the care
of your dog? *

Are you prepared to make the 10-15 year commitment a dog requires? * Y N

Are you willing to let a representative of Companion Paws or the Rescue have a home visit by appointment? * Y N

Are you able to fund the \$2800 cost of the adoption program? * Y N

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.

