



<i>OFFICE USE ONLY:</i>	
<b>APPROVED</b>	<input type="checkbox"/>
<b>DENIED</b>	<input type="checkbox"/>
DATE:	/ /

**Thank you for choosing to adopt from the Humboldt & District SPCA!**  
**Anyone who wishes to adopt our animals must complete the entire application.**  
**Once the application is filled out please submit by email or by fax.**

Telephone: 306.682.5550 Fax: 306.682.0033 Email: hdsPCA@sasktel.net Website: humboldtspca.com

ADOPTION APPLICATION			
Name:		Today's Date:	
Physical Address:		City:	Province: Postal Code:
P.O. Box:	Telephone:	Occupation:	
Have you previously adopted from HDSPCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:		

**Which cat/dog are you interested in adopting?** \_\_\_\_\_

**Residence Type:**  House  Apartment  Farm  Acreage

**Fenced Yard:**  Yes  No

**Do you own or rent?**  Own  Rent

**Does your landlord permit pets (if applicable)?**  Yes  No

Landlord's Name: \_\_\_\_\_ Landlord's Phone #: \_\_\_\_\_

Please list all members of your household (including yourself):	
Name(s):	Age(s):

**Are there any known allergies or asthma in your family?**  Yes  No

**Have you ever adopted a companion animal before?**  Yes  No

**Reason for adopting new cat/dog?** \_\_\_\_\_

**What are your interests/hobbies?** \_\_\_\_\_

**Have you chosen a veterinarian yet?**  Yes  No If yes, who? \_\_\_\_\_

**Please list all pets you currently own or have owned in the last 5 years:**

Type of animal:	Sex:	Spayed/Neutered?	Age:	Live indoors, outdoors, or both?	Is/was your pet current on vaccinations?	Still Own?	If not, why?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Have you ever surrendered an animal to any humane society/shelter?**  Yes  No

If yes, please explain: \_\_\_\_\_

<b>I have owned this type of animal before:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>This dog/cat will be strictly:</b> <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both
<b>If outdoor dog/cat: What type of confinement do you have?</b>	
<i>(PLEASE SEND PICTURES OF SHELTERS YOU HAVE FOR WINTER/INCLEMENT WEATHER.)</i>	
<b>In general my pet will be without human companionship _____ hours per day.</b> <input type="checkbox"/> less than 2 hours <input type="checkbox"/> 4 to 6 hours <input type="checkbox"/> 8 to 10 hours <input type="checkbox"/> 12 hours <input type="checkbox"/> Other:	

**IF ADOPTING A DOG:**  
**How many hours a day do you have to train/exercise a new dog?** \_\_\_\_\_

**What level of training are you willing to provide to your new pet to help improve manners such as pulling on the leash or jumping?**  
 No training  Some training  Lots of training  Want to take classes

**Are you willing to use a dog trainer if needed?**  Yes  No

**Do you agree to license and give regular care to your newly adopted pet?**  Yes  No

**Are you prepared and able to make a lifetime commitment to care for and keep this dog/cat as a companion pet?**  Yes  No

**If puppy or kitten, Do you agree to spay/neuter once old enough?**  Yes  No

Three References: (No family members)		
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____
Name: _____	Relationship: _____	Phone Number: _____

**I certify the information I have provided is true and understand that any false information will nullify the adoption. I agree to a pre-/post-adoption home inspection by the HSCPA. I understand HDSCPA reserves the right to refuse any adoption.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_