



NORTHERN LIGHTS
REGIONAL HUMANE SOCIETY

PO Box 481, High Level, AB T0H 1Z0
Ph. 780-926-5520 Email: shelter.nlhs@live.ca

ADOPTION FEES APPLY

Adult Dog: \$350 Puppy: \$300

Adult Cat: \$100 Kitten: \$150

Fee includes spaying/neutering (if 6 mths or older), up-to-date vaccinations, deworming and vet check and a one year "individual" NLRHS membership.

ADOPTION APPLICATION

(Applicant must be 18 yrs. or older)

NOTICE: All information provided in this application will be used for the sole purpose of deciding if the proposed adoption will be in the best interest of the pet and the adopter(s). All information will be considered private and confidential by our board and personnel. All questions that apply must be completed or this application will be considered void.

Name of pet(s) being applied for: _____ Date: _____

Breed: _____ Age: _____ Sex: M F

Name of 2nd choice of pet, if applicable: _____ Breed: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ Prov: _____ PC: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email Address: _____

1. References

Personal – List two references that are not a relative or member of your household

Name: _____ Ph: _____

Name: _____ Ph: _____

Current Veterinarian (if applicable)

Clinic Name: _____ Ph: _____

2. Property

Do you live in: Town Country Residence: House Apartment

How long have you lived at your current address: _____

Do you: Own Rent Live with Parents

If renting, please provide the name and phone number of your landlord:

Name: _____ Phone _____

3. Current/Past Pets:

Are you a first time pet owner? Yes No

Do you have any pets now? Yes No

If yes, please list them below:

Type	Sex	Age	Breed	Spayed/Neutered	Vaccinated

Please list animals owned in the last 5 years that are no longer with you:

Type	Age	Breed	What happened to it

4. Is this pet for: Yourself Someone else Gift Other: _____

5. What age of pet are you interested in? Young Adult Senior

6. I prefer a pet whose energy level is: Low Medium High

7. The noise/activity level in my home is usually: Low Medium High

8. Why do you want to adopt? Companion For Kids Watchdog Farm Dog

9. Have you adopted from this shelter or another shelter in the past? Yes No

10. Do you agree with spaying/neutering this pet: Yes No

11. Number of adults in your household? _____ Number of children under 18? _____
 Number of Children between the ages of: (0-5) _____ (6-12) _____ (13-18) _____

12. Does any family member have allergies to any animals? Yes No

If yes, please explain: _____

13. Does your entire household agree on the adoption of this pet: Yes No

14. Are you willing to take responsibility of this pet for the next 10-15 years? Yes No

15. Will you provide the pet with the necessary vaccinations for its lifetime? Yes No

16. If the pet becomes ill or injured will you seek treatment from a vet? Yes No

17. Who will be responsible for this animal? _____

18. Do you have time to train and care for a pet? Yes No

19. If the pet has behavioural problems, what will you do about it?

20. Have you ever returned/taken a pet to the breeder/pound/SPCA? Yes No

If so, why: _____

21. Have you ever given a pet away? Yes No

If so, why: _____

22. What reasons would cause you to surrender the pet?

23. Are there any bad dog/cat habits that you cannot tolerate?

24. What are the traits you most desire in a pet?

25. What are your expectations when owning a pet?

26. Do you have a safe place to keep the pet if you can't watch it?

27. If you move, do you plan to take this pet with you? Yes No

28. If you work, who will look after the pet? _____

Your occupation(s): _____

29. How many hours per day will this dog need to tolerate being alone? _____

30. When you go on vacation who will look after the pet? _____

31. Will this pet be primarily: Indoors Outdoors Other: _____

32. If this pet will be outside, describe the housing/shelter for this pet:

33. How will this pet spend its days? *Please check all that apply*

Indoors Outdoors Crated Basement

Porch Barn Locked in room Garage

34. How will this pet spend its nights? *Please check all that apply*

Indoors Outdoors Crated Bedroom Basement

Porch Barn Kitchen Garage Locked in room

If you are applying to adopt a dog, please continue with the following questions, otherwise continue to question #40.

35. Do you have a fenced yard? Yes No If so, how high: _____

If no, do you have an outdoor kennel area? Yes No If so, how big: _____

36. Do you have an escape proof gate? Yes No

37. Do you have the appropriate room in your yard for a dog? Yes No

38. Have you researched the breed? Yes No

39. Are you willing to enroll in training/obedience classes if required? Yes No

40. Do you have any other comments/information to share that may help us make our decision on this adoption? _____

Applicant(s): I/We agree that all the information provided by me/us on this application is true to the best of my/our knowledge and authorize the Northern Lights Regional Humane Society (NLRHS) to verify the information on this application. I/We also agree that if I/we can no longer care for the animals we adopt from the NLRHS that I/we will try to find a suitable home. If I am unable to find a suitable home on my own, I/we agree to contact the NLRHS as they may have additional resources or information to assist me/us.

Signature (applicant) _____ Date _____

Signature (co-applicant) _____ Date _____

Would you be interested in volunteering for the NLRHS? Yes No

Below is for Northern Lights Regional Humane Society use only

Application received by: _____ Date: _____

Reviewed by: _____ Date: _____

Status: Approved _____ Not Approved _____ Reason: _____

Additional Comments: _____