

**IN THE WOODS ANIMAL RESCUE SOCIETY**

P.O. Box 134, Nampa, AB, T0H 2R0

Email: inthewoods@zoho.com

Sheryl Woods (780) 618-6603 • Cheryl Bastien (780) 523 7525

DOG ADOPTION APPLICATION FORM

In The Woods Animal Rescue adoption applicants must be 21 years of age or older

Please email the completed application to: inthewoods@zoho.com

YOUR INFORMATION		
Full Name(s)	Home Phone Number	
Mailing Address	Cell Phone Number	
City/Town	Email Address	
Province	Postal Code	Facebook name:
Physical Address	Date of Birth:	
Your place of employment:		
Number of Children in home 0-5 yrs _____ 6-12 yrs _____ 12-17 yrs _____	Number of Adults in home _____	
Number of other pets in home Dog _____ Cat _____ Other _____	Allergies? Yes _____ No _____	
Do you have the Landlords permission Yes _____ No _____	At current residence for how long? Years _____ Months _____	
Do you own or rent your home? Own _____ Rent _____	Landlord name/Management Company _____ Landlord phone number _____	
Do you have a fenced yard? Yes _____ No _____	Live in: Apartment/Condo _____ Farm/Acreage _____ House in Town _____ Other: _____	
Do you currently have other dogs? Breed: _____ Sex: _____ Spayed/Neutered: _____ Breed: _____ Sex: _____ Spayed/Neutered: _____	Have you previously had other dogs? Yes _____ No _____ Have you ever surrendered a dog? Yes _____ No _____ If YES, please explain: _____	
Do you have any livestock? Yes _____ No _____ List: _____		
What kind of dog are you looking for?		
The dog I am interested in from In The Woods Animal Rescue is:		
Where will your dog be when you ARE at home?	Where will your dog be when you are NOT at home?	
On average, how many hours per day will your dog be alone? 1-4 hours _____ 4-8 hours _____ 8+ hours _____		
Where will your dog sleep at night?	Where will your dog stay during holidays/vacations?	
Approximately how much do you think your dog will cost a year? Vet/Medical \$ _____ Food \$ _____ Boarding \$ _____ Grooming \$ _____		
Have you ever been convicted of neglect or cruelty to animals? Yes _____ No _____ If YES, please explain: _____		
Are you willing to allow an In The Woods Animal Rescue representative do a home visit by appointment? Yes _____ No _____		
Veterinary Clinic Name:	Veterinarian:	
Clinic Address:	Clinic Phone Number:	
PERSONAL REFERENCE #1		
Name:	Phone Number:	
Address:	Relationship:	
PERSONAL REFERENCE #2		
Name:	Phone Number:	
Address:	Relationship:	

I understand that when I am approved to adopt an animal from In The Woods Animal Rescue Society, the animal I adopt will be one In The Woods Animal Rescue Society agrees is best suited to myself and the information I have provided in this application form. Additionally, I do understand that falsified information provided in this application will result in the automatic rejection of the application and that In The Woods Animal Rescue Society does reserve the right to refuse any applicant for any reason.

Applicant Signature

Date _____