



Surrey, BC
 Phone: 604-580-8254
 sarasociety@gmail.com
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DOG ADOPTION APPLICATION

Date	Name of dog	ID no

APPLICANT INFORMATION - Please complete the following questionnaire in its entirety. Our main objective is to ensure good compatibility between you, your family and your new dog.

First name:			Last name:		
St. Address:			City:	Prov: BC	ZIP:
Cell:	Ph:	Work:	email:		
Age:					
Do you rent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Unfortunately renters do not qualify for adoption					
Do you own?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Do you have a fenced yard?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are you planning on moving within the next few years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If so, what will you do with the dog?					
Do you have children?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
How old are they?	Child 1:	Child 2:	Child 3:	Child 4:	
Does anyone in your household suffer from allergies?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Why do you want to adopt a dog?					
Have you had dogs before?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If so, what happened to them?					
Imagine one day your dog needs an expensive procedure from a vet (for example if the dog got injured or required dental work etc.). What would you do?					
Please describe the housing you will provide for your dog and how often you will walk the dog?					
What will you feed the dog?					
How many hours a day will the dog be without human companionship?					
Who will be the primary caregiver and be responsible for the care of the dog?					

Do you understand that dogs need an annual vet visit and maybe additional visits during the year?					
Which vet do you plan on taking the dog to (please provide clinic name and phone number)?					
If you go away, who will take care of the dog?					
How often do you travel?					
Please add any additional comments about the home you would provide for the rescued dog:					
Do you have any other pets? Please list them below (Species, sex, age altered?):					
Did you ever surrender an animal to a shelter/rescue? If so, please describe the circumstances:					
Have you ever had an animal put to sleep? If so, please describe the circumstances:					
If you adopt from us you will be contacted periodically by us to see how the animal is doing. Are you comfortable with this?					
You may be asked for a home visit. Are you comfortable with this?					
I, the Applicant, warrant and confirm that I have answered the above questions truthfully. To the best of my knowledge, the information I have given is accurate and I understand that the information is being used to determine my compatibility and responsibility for the dog. I also understand that S.A.R.A Society has the right to refuse adoptions to anyone for any reason whatsoever.					
Date:			Applicant's signature:		

<input type="checkbox"/> Accepted	<input type="checkbox"/> Not accepted - reason:				
Date	Name of S.A.R.A Society Adoption Volunteer	Signature			
Date	Name of S.A.R.A Society Adoption Coordinator	Signature			