

PET ADOPTION APPLICATION

ADOPTOR(S) NAME(S) ) Sami Hag / Ritika

DATE OF BIRTH(S) Jun 16 1994

ADDRESS 6780 formentera AVE CITY Mississauga ZIPCODE L5N2L1

PHONE \_647-907-7264 / 647-570-7264 E-MAIL m.sami.ulhag@gmail.com

Name of pet of your interest : Roy

Type of Residence : House X Apt \_\_\_\_\_\_ Condo \_\_\_\_\_\_ Mobile home \_\_\_\_

Do you : Own or Rent X

If you are renting does the landlord allow pets? Yes X No \_\_\_\_\_\_

Please provide the name and contact number for the management for verification

\_\_\_\_ Nassem Eja3 647 701 4651

Number of adults (18+ ) in the household : 2 Relationship to adopter : maried

Are all adults in the household in favor of the adoption? Yes X No \_\_\_\_\_\_

Number of children ( under the age of 18 ) in the household : 0 Age(s)

Are any of the household members allergic to dogs? Yes \_\_\_\_\_\_ No X

In the event of an emergency, what is the estimated vet bill you can afford? $ 10000

Type of fence : wood Height of the fence : 5 feet

The dog will stay : Indoors X Outdoors \_\_\_\_\_\_ Both \_\_\_\_\_\_

Have you owned a pet before : Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Currently own X

If you answered "Yes" above and no longer have the pet, please explain what happened.

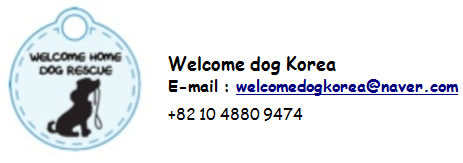
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If "Yes" above and you currently own a pet, please state type/breed, personality and age of pet.

Shorkie , friendly a energetic , 1 year old

.



Do you have other pets? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Dog X Cat Bird \_\_\_\_\_\_ Other \_\_\_\_\_\_

If the other pet is a "Dog", it is spayed/neutered? Yes X No \_\_\_\_\_\_

If you answered "No" above, please explain why. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have a primary vet? Yes X No \_\_\_\_\_\_

If you answered "Yes" above, please provide name and address.

Derrydale Animal Hospital , 905 454 1600

May we contact them? Yes X No \_\_\_\_\_\_

If you answered "No" that you don't have a primary vet, please explain.

Where will the dog sleep? Bed room

How long will the dog be left alone in a regular day? 3 Hours.

What kind of experience do you have with dogs and which breeds?

Raising our own dog since he was 2 and a half months. He is a shihtzu.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other factors you feel should be considered

We are a pet loving family and they truly become members of our family. We are willing to work on issues and training that may be needed.

*Sami Hag*   **Sep 28 2018**

**SIGNATURE**  **DATE**

Would you like to receive newsletters and future update from the rescue? Yes X No \_\_\_\_\_\_

In order to have your application processed, all applicants must agree to each statement below.

Name of the dog you wish to adopt Roy

1.  I agree to provide proper and adequate enviroment, care and protection, including food, water, housing, exercise,  grooming and mediacal treatment whenever necessary.

2.  I understand that intentional or unintentional abuse or abandonment of the adopted dog may result in being reported to local authorities and may be prosecuted consequently.

3.  I agree not to sell, give away or use the adoped dog for experimetal purposes.

4.  I understand that the adopted dog may be retreived without a refund in case of negligence

     in care and protection of the adopted dog.

5.  I agree to be cooperative when WELCOME  DOG  RESCUE  requests on the adopted dog's

     current conditions, recent photoes and /or home visits.

>>>> I have read and agree to all of the above statements. <<<<<<

          (  X)   Yes,  I  agree.

          (    )    No,  I  don't  agree.

Legal  Name  Sam         Hag

first name                                     last name

Signed  Date /  Signature  2018 /  09 / 28 // *Sami Hag*

                                  year          month      day             sign

Photo of the dog