



# Cumulus Shiba Altocumulus Kennel

## Adoption Application

Pet ownership is a serious commitment that the entire household should consider and agree to before a dog is adopted. It is important that each adoptive household is aware of, willing, and able to accept pet ownership's physical and financial responsibilities. We are here to help you and your family find the best dog that fits your lifestyle. This questionnaire will help you to prepare your household for a new family dog and assist us in finding the right dog for you.

### Contact Information

Name  Phone   
Address  City   
Province   
Email  Best contact time

Are you at least 18 years of age or older?  
You must be at least 18 to be eligible to adopt/buying a dog.

\_\_\_\_\_ (initial here)

### Tell us about you (Check all that apply.)

<b>Location settings</b>	<input type="checkbox"/> Urban setting	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban with distance neighbors
<b>Fenced Yard</b>	Yes	No	
<b>average hrs left home per day</b>	less than 5hrs	More than 9hr	More than 13hr home-base work

Please give us a brief description of your experiences with dogs and what you are looking for?

### Tell us about your family

Does your entire household know that you are adopting a dog? Yes  No

If not, why not? \_\_\_\_\_

Are there children in your home? Yes  No

If so, what are their ages \_\_\_\_\_

Do your children have experience with dog? Yes  No

Please describe \_\_\_\_\_

Do other people visit regularly Yes  No

If so, what are their ages \_\_\_\_\_

Are any family members allergic to animals? Yes  No

If so, what kinds of animals \_\_\_\_\_

### Tell us about your adoption plan

Do you have your landlord's/strata's permission to own a dog? Yes  No

Please describe the following *(check all that apply)*

<b>Dog's nighttime Space</b>	<input type="checkbox"/> Kennel	<input type="checkbox"/> within same space as you	<input type="checkbox"/> free around the house
<b>Social level</b>	<input type="checkbox"/> less visitors	<input type="checkbox"/> need to be frequently visted	<input type="checkbox"/> Able to take dogs out
	<input type="checkbox"/> Not able to take dogs out ; Others _____		
<b>Activity Level</b>	<input type="checkbox"/> Busy	<input type="checkbox"/> Moderate	<input type="checkbox"/> Quiet
<b>Dog's Daytime Space</b>	<input type="checkbox"/> Crate	<input type="checkbox"/> Loose Indoors	<input type="checkbox"/> Basement <input type="checkbox"/> Garage
	<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Loose Outdoors	<input type="checkbox"/> Kennel Run <input type="checkbox"/> Tied Outside
	Other _____		
<b>Yard</b>	<input type="checkbox"/> Fence	<input type="checkbox"/> Unfenced	<input type="checkbox"/> Kennel Run
	<input type="checkbox"/> Other (describe) _____		

Are the gates always latched and/or locked? Yes  No

### Bringing your dog home

Can you spend a few days with this dog to help it adjust to its new home? Yes  No

Will you introduce this dog to all family members, including other dogs? Yes  No

Would you be willing to take an Class or other training for the dog ? Yes  No

What other animals do you own?*(Please indicate in the table below. List dogs and cats first, followed by small animals and livestock)*

	Animal 1				Animal 2				Animal 3			
Type of Animal												
Animal Name												
Breed												
Age												
Years Owned												
Gender												
Neutered/Spayed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vaccinated	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please indicate which of the following typical problems concerns you. If yes, please explain how you would address them.

Barking Yes  No

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Chewing Yes  No

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Separation anxiety Yes  No

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Aging care Yes  No

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In case of accident

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General wellness care expense Yes  No

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Nutritional supports Yes  No

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fear to strangers Yes  No

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Under what circumstances would you return this dog?

- Moving
- Divorce
- New Baby
- Vacation
- Aggression
- Allergies
- Retiring
- New Relationship
- Care is too expensive
- Other (describe)

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### Submitting your application

Email: sameensama1108@gmail.com  
Text: 4316888802