

Please return the completed and signed form by email to adopt@adoptmekoreanrescue.org

PART 1: PERSONAL INFORMATION

Full Name	Age	Preferred pronouns
Partner/Spouse's Full Name (if applicable)	Partner/Spouse's Age	Preferred pronouns
Address		
City	Province	Postal Code
How long have you lived at this address?		
Email address		
Alternate email address		
Cellphone number	Alternate phone number	
Best time to call		
Occupation	Partner/ Spouse's Occupation (if applicable)	
Children and ages (if applicable)	Please list any other household members	
Would you please provide your annual household income?		
Would you please provide your social media profiles (Instagram/Facebook)?		
Are you a Canadian permanent resident or citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Besides your children, are there other people residing in your home?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Are there any household members allergic to animals?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Describe your lifestyle (very active/active/sedentary/etc.)		
Describe other visitors to your home (humans or animals) with which the dog will come into contact		
If approved, when can you take possession of a dog?		
How far are you willing to travel to meet a dog?		
Have you ever taken an animal to a shelter or released it to another party?	<input type="checkbox"/> YES	<input type="checkbox"/> No
If yes, please provide details:		
Have you or any member of your household been convicted of neglect or cruelty to animals?		
If yes, please provide details:		
	<input type="checkbox"/> YES	<input type="checkbox"/> No

PART 2: ADOPTION PREFERENCES

**** It is important to understand that you may have to exercise patience while waiting for the right rescue dog for you. There are many variables at play in working with rescue dogs, including the readiness of the dog for adoption. ****

Is there a specific dog you are interested in adopting? If yes, please provide the name of the dog	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Are you willing to consider a suitable dog if a different one is available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Do you have a gender preference?	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE	<input type="checkbox"/> NO PREFERENCE		
Do you have an age preference?	<input type="checkbox"/> PUPPY (< 1yr)	<input type="checkbox"/> YOUNG ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR	<input type="checkbox"/> NO PREFERENCE

Please remember: the more conditions you make (colour, age, gender, coat type, size, body type), the longer it may take to find a suitable dog to match your environment.

PART 3: HOME INFORMATION

Do you own or rent your home?	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	
I/We live in a	<input type="checkbox"/> HOUSE	<input type="checkbox"/> CONDO	<input type="checkbox"/> APARTMENT
If you rent your home, do you have your landlord's permission to keep a dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Landlord's Name	Landlord's Phone		
Do you have a completely fenced yard suitable for a dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Describe the type of fence and height:			
If you do not have a fence or kennel, describe how you will accommodate the dog's outdoor needs.			
Do you have an outdoor dog run or kennel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does it have a lockable gate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you have invisible or electric fencing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you own a pool?	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> NO
If yes, is it fenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PART 4: ANIMAL INFORMATION

Do you own any other dogs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, are they spayed/neutered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please list breed, size and gender of each					
Do you own any cats?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, how many?		
Do you own any other animals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
If yes, please describe them					
How many dogs have you owned in the past 5 years?					
If you no longer own the dog(s), please describe what happened to them					

PART 5: DOG-SPECIFIC INFORMATION

<p>Why did you choose to adopt a dog?</p>												
<p>What activities do you plan to do with the dog? (pet / guard / hunting / obedience / competitions / other)</p>												
<p>Where do you intend to keep the dog primarily? <input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS</p>												
<p>Where will the dog stay when no one is home?</p>												
<p>On an average day, how long will the dog be left alone?</p>												
<p>What plans would you make for your dog while you are on vacation?</p>												
<p>Who in the family will have the primary responsibility for feeding, training and exercising the dog?</p>												
<p>Do you own a suitable dog crate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I WOULD NOT CRATE THE DOG</p>												
<p>Where will the dog sleep at night?</p>												
<p>New dogs need time to adjust to their new surroundings. Describe how you will be patient and understanding while your new pet settles in.</p>												
<p>How will you discipline your new dog for destructive or mischievous behaviour?</p>												
<p>What do you think are the most important responsibilities about owning a dog?</p>												
<p>Under what circumstances would you give up your new dog?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> FAMILY ILLNESS</td> <td><input type="checkbox"/> MOVING</td> <td><input type="checkbox"/> DIGGING</td> <td><input type="checkbox"/> DESTRUCTIVE CHEWING</td> </tr> <tr> <td><input type="checkbox"/> COST OF FOOD/CARE</td> <td><input type="checkbox"/> GROWLING</td> <td><input type="checkbox"/> ALLERGIES</td> <td><input type="checkbox"/> EXCESSIVE BARKING</td> </tr> <tr> <td><input type="checkbox"/> LACK OF HOUSETRAINING</td> <td><input type="checkbox"/> BITING</td> <td><input type="checkbox"/> SHEDDING</td> <td><input type="checkbox"/> I WOULD NOT GIVE UP THE DOG</td> </tr> </table>	<input type="checkbox"/> FAMILY ILLNESS	<input type="checkbox"/> MOVING	<input type="checkbox"/> DIGGING	<input type="checkbox"/> DESTRUCTIVE CHEWING	<input type="checkbox"/> COST OF FOOD/CARE	<input type="checkbox"/> GROWLING	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> EXCESSIVE BARKING	<input type="checkbox"/> LACK OF HOUSETRAINING	<input type="checkbox"/> BITING	<input type="checkbox"/> SHEDDING	<input type="checkbox"/> I WOULD NOT GIVE UP THE DOG
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<p>If your new dog required emergency life-saving surgery costing \$5,000, what would you do?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> MONITOR TO SEE IF THE DOG GETS BETTER</td> <td><input type="checkbox"/> PAY FOR THE SURGERY</td> </tr> <tr> <td><input type="checkbox"/> EUTHANIZE THE DOG</td> <td><input type="checkbox"/> SURRENDER THE DOG TO A SHELTER</td> </tr> </table>	<input type="checkbox"/> MONITOR TO SEE IF THE DOG GETS BETTER	<input type="checkbox"/> PAY FOR THE SURGERY	<input type="checkbox"/> EUTHANIZE THE DOG	<input type="checkbox"/> SURRENDER THE DOG TO A SHELTER								
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PART 6: VETERINARIAN INFORMATION

Do you have a regular veterinarian?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (SEE BOTTOM)
Is your vet aware that you are considering adopting a dog?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Veterinarian Clinic Name		
Doctor's Name		
Street Address		
Phone number	Date of last vet visit	
Name the animals that are listed at the vet's office (pet's name and owner's name)		
If you do not have a regular veterinarian, please describe your healthcare plan for your dog		

** Please contact the veterinarian that you have listed to let them know a representative of Adopt Korean Rescue will be calling for a reference. **

PART 7: REFERENCES AND AGREEMENT

Please provide two personal references who are not related to you by either blood or marriage.

Reference 1

Name	Phone number
Email	Relationship

Reference 2

Name	Phone number
Email	Relationship

Is there anything else you would like to tell us that you think would be important when considering your application?

Many factors determine which applicant will be matched with a particular dog. AKR's goal is to place all animals into homes that will best suit their individual needs, and to match the dog to the right applicant. Please ask for clarification if you have any questions.



I, _____, certify that the information provided on this form is true and correct. In submitting this document, I am granting permission for Adopt Korean Rescue (“AKR”) representatives to contact all stated references and veterinarians. I also understand that a home visit will be conducted prior to being approved to adopt a dog from AKR. I agree to provide updates on my adopted dog through electronic sources (e.g., email, Facebook) where technology exists. I am physically and financially able to care for this animal. I understand that proper food, water, shelter and veterinary care are necessary and may be costly, and I am able to meet these requirements. If, upon inspection, AKR finds information contained in this application to be false, AKR reserves the right to refuse my application or remove the animal from my premises without a refund of any fees paid. AKR reserves the right to decline an applicant as its primary interest is the wellbeing of the animal. I understand I will be required to sign an adoption agreement (contract) and pay an Adoption Fee prior to or at the time of adoption.

Signature: _____

Date: _____

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