



165 Baybreeze Drive, Dalhousie NB E8C 1E4 Tel: 506-684-4396 Fax: 684-3875

Business Hours: Wednesday – Sunday, 12pm – 4 p.m.

Email: receptionsPCA@bellaliant.com

Dog Adoption Information & Requirements (Rev. Mar 26, 2019)

- A **piece of identification** is required with current address: Must be 19 years and older

• **Adoption Fee:**

- Spayed/Neutered Dog \$185.00 + License Costs (below)
- Dogs that are not spayed/neutered \$135 adoption fee + \$50 spay/neuter deposit, which is returned once we received proof of spaying/neutering + License Costs (below)
- Bonded Pairs: \$260 + License Costs (below)
- License Costs (below): All dogs adopted will be required to purchase a license (dog tag) for their area at time of adoption

Atholville	Balmoral	Belledune	Rural	Campbellton	Charlo
\$10	\$20 Fixed Dog \$25 Unfixed Dog	\$5 Fixed Dog \$20 Unfixed Male \$25 Unfixed Female	\$15/ 1 year \$25/ 2 year \$35/ 3 year	\$10	\$10 Fixed Dog \$20 Unfixed Dog

Dalhousie	Eel River Bar	Eel River Crossing	Listuguj	Tide Head
FREE if altered & microchipped \$10 Fixed Dog \$30 Unfixed Dog	\$10 Fixed Dog \$20 Unfixed Dog	\$10 Fixed Dog \$15 Unfixed Dog	\$30	\$10 Fixed Dog \$15 Unfixed Dog

Please remember that the adoption fee does not even cover the cost of care we put into each animal.

- All dogs must leave with a suitable leash and collar.
 - Included in the adoption fee: First Vaccination, Worm Treatment, Microchip, Nail Clipping, Ear Cleaning, Flea Treatment & Adoption Kit
 - Animals not spayed/neutered must be spayed/neutered within 2 months of the adoption date. Exception given to kittens and puppies under 6 months of age. A copy of the contract must be returned filled out by a veterinarian
 - Our mandate is to prevent litters. Households with non-spayed/non-neutered animals already will be limited to adopting ONLY animals which are already spayed/neutered at our shelter.
- NOTE: If a valid medical reason exists for not spaying/neutering your pets already at home, it must be verified by your veterinarian after which you may apply to adopt non-spayed/non-neutered animals of the opposite species at our shelter, which you agree to spay/neuter.

- We try to match each animal with its new owner based on a number of criteria (behavior, activity level, temperament, etc.) We reserve the right to refuse any application if it is not in the animal's best interest. While you may not be approved for a particular animal, this does not mean you would not be suitable for another animal. We strive to find forever a home and each time an animal is returned it makes it that much harder to adopt them and creates more issues and stress on the animal.
- **Falsified answers will lead to automatic refusal of this application**
- If renting, we require a copy of your lease showing pets are allowed or a direct phone call to the landlord
- The best way to avoid disappointment and undue stress when you find the right animal for you is to be pre-approved for adoption, pre-approved applications are valid for a period of 6 months
- Before Adoption, it is important to:
 - Assess the costs of having a pet; food, visits to the vet, care products, etc.
 - Know your animal's life expectancy and whether you have the time and energy to take care of a pet day after day.

Adoption Questionnaire

What animal(s) are you interested in (name or breed)? _____

Your Name: _____ Date: _____

Current Address: _____ City/Town: _____

Postal Code: _____

Home Phone: # _____ Work Phone: # _____ Cell Phone: # _____

E-mail: _____

How long have you lived at this residence? _____

Any plans to move in the next year? Yes No

If yes, do you plan on bringing the animal with you? Yes No

If renting, you are required to provide your landlord's name & number:

If you live in low income housing (Ex. NB housing), have you submitted an application through the above organization? Yes No

Are you 19 years of age or older? Yes No Are you employed? Yes No

How many people live in your household? Adults _____ Youth _____ Children Under 12 _____

Please List 3 References (No Family):

SHELTER MANAGEMENT CONTACTS ALL REFERENCES BEFORE AN ANIMAL CAN LEAVE THE SHELTER PRIOR TO ADOPTION. WE WILL NOTIFY YOU WHEN YOUR REFERENCES HAVE BEEN CHECKED. PLEASE PROVIDE REFERENCES WHO DO NOT LIVE WITH YOU AND ARE NOT RELATED TO YOU.

NOTE: Please ensure your references know to expect our call and that you provide DAYTIME contact numbers. We call them, or they can return our call, between 9am-4pm most days. We may also contact them via email.

1. Name: _____ Daytime Phone Number: _____

Email: _____ Relationship: _____

2. Name: _____ Daytime Phone Number: _____

Email: _____ Relationship: _____

3. Name: _____ Daytime Phone Number: _____

Email: _____ Relationship: _____

If you have had animals in the past 5 years and they are no longer with you, where are they now?

Please list the animals you **currently** have in your home.

Name	Breed Species	Where does he/she stay during the day	Where does he/she stay during the night	Age	Sex	Altered (spayed/neutered)	Last Vaccination Date

If your animals aren't spayed/neutered, please explain why: _____

Do you have a veterinary clinic that you frequent? Yes No

Veterinary Clinic: _____ Phone Number: _____

Please Check: I give permission for the veterinary clinic mentioned above to release any information that would support my suitability as an adopter. Yes No

Do you agree with having this animal spayed/neutered, if not done at time of adoption? Yes No

Are you aware of vet costs annually for this pet? ___Yes ___No
Have you researched characteristics of the breeds you're interested in? ___Yes ___No
Are you looking for a Very energetic dog Playful dog Calm dog?
Have you invested time and thought into welcoming a new pet into your home? ___Yes ___No
What do you believe are the most important responsibilities in owning a dog?

Why do you want this animal?

___ Companion ___ Breeding ___ Hunting ___ Guard Dog ___ Farm/Working Dog

Other/Explain _____

How many hours per day, on average, will the dog spend alone? _____

Where will the dog spend the **DAY**?

Loose Indoors Crate Basement Garage Fenced Yard Loose Outdoors Kennel Run

Tied Up Outside Other/ Explain _____

Where will the dog spend the **NIGHT**?

Loose Indoors Crate Basement Garage Fenced Yard Loose Outdoors Kennel Run

Tied Up Outside Other/Explain _____

Do you have a fenced yard? ___Yes ___ No Fence Type & Height _____

What behavior problems are you willing to tolerate and work on? Barking Chewing Separation

Anxiety House Breaking Problems Jumping Shedding Digging Property Damage

Mouthing None

How would you resolve these issues? _____

If a family member develops allergies to dogs how will you resolve this? _____

Are you aware of **existing bylaws** that pertain to dogs in your community? ___Yes ___ No

Will the dog be exercised regularly? _____

What will you do with your pet when you go on vacation? _____

Under which of the following circumstances would you return this animal? Moving New Baby

New Relationship High Cost of Animal Care Allergies Vacation Aggression New Pet None

If you have ever surrendered a pet to the SPCA, what was the reason?

Have all family members been introduced to the pet? ___ Yes ___ No

Have you or a family member made arrangements to spend a few days with this animal as it becomes accustomed to its new environment? ___ Yes ___ No

Have you been in contact with any sick animals in the past 30 days? ___ Yes ___ No

By signing below, I certify that the information I have given is true and that any misrepresentation of facts will result in losing the privileged of adopting an animal. I understand that the Restigouche County SPCA has the right to deny my request to adopt an animal and I authorize the investigation of all statements in this application.

Applicants Signature

Date

Signature of RCSPCA Staff Member Receiving Application

Date

Time

Office Use Only

Verification in Pet Point (by name, address, phone): N/A: _____ Comments: _____

Approved _____ Refused _____ 1st Team Lead Initials: _____ 2nd Team Lead Initials: _____

Date Notified _____ Notified by Staff Initials _____ Hold Dates _____

Comments: _____

SHELTER STAFF NOTES:

SHELTER ATTENDANT: Name: _____

SHELTER ATTENDANT: Name: _____

SHELTER ATTENDANT: Name: _____

TEAM LEAD: Name: _____

TEAM LEAD: Name: _____

TEAM LEAD: Name: _____
