



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](mailto:receptionsPCA@bellaliant.com)

**Dog Adoption Information & Requirements (Rev. Jan 8<sup>th</sup>, 2019)**

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

• **Adoption Fee:**

- Spayed/Neutered Dog \$150.00 + License Costs (below)
- Dogs that are not spayed/neutered \$100 adoption fee + \$50 spay/neuter deposit, which is returned once we received proof of spaying/neutering + License Costs (below)
- Bonded Pairs: \$240 + 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 \_\_\_\_\_ 1<sup>st</sup> Team Lead Initials: \_\_\_\_\_ 2<sup>nd</sup> Team Lead Initials: \_\_\_\_\_

Date Notified \_\_\_\_\_ Notified by Staff Initials \_\_\_\_\_ Hold Dates \_\_\_\_\_

Comments: \_\_\_\_\_

**SHELTER STAFF NOTES:**

**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**SHELTER ATTENDANT: Name:** \_\_\_\_\_

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**TEAM LEAD: Name:** \_\_\_\_\_

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