

**AFGHAN HOUND CLUB OF CANADA RESCUE
ADOPTION APPLICATION**

Please do not edit, delete or modify the questions on this form. Answer all questions candidly, or if not applicable, mark them N/A. Please complete the entire form and return it to:

Barbara Arndt
7 Stella Street
P.O. Box 1136
Fonthill, Ontario
L0S 1E0

Or to the rescue person you are working with.

Name: _____
Address: _____
City: _____
Province: _____ Postal Code: _____

Work Phone: _____ Home Phone: _____
Do you rent/own? _____

Previous address if less than three years at present address:

How long at previous address? _____
Do you live with a relative or roommate? _____
How many people are living in your home? _____
What ages and genders? _____
Have you ever owned an Afghan Hound? _____ How long? _____
Why do you want to adopt an Afghan Hound? _____

Do you currently own any other pets? _____ If yes, what kind and what are their histories: _____

How old are your pets? _____

Are they spayed/neutered? _____ De-clawed? _____
What kind of temperament do they have? _____
Do they get along well with other animals? _____
If you have had pets in the past, please list the kind here:

What happened to your last pet(s)? (i.e. died, put down, ran away, etc.) Please explain the circumstances: _____

Do you have a fenced yard? _____ If yes, please describe the type of fencing (i.e. split rail, chain-link, stockade as well as the height) and the size of the yard:

May we visit your home? _____
How will you exercise the dog? (i.e. walks in the park, jogging with you, on a treadmill, running the dog in a fenced yard or other secure area, etc.) _____

Where will the dog spend the majority of its time? (i.e. in a kennel building, outside, in the house, etc.) _____

Where will the dog sleep? _____

Who will be primarily responsible for the care of the dog? (i.e. you, your spouse or significant other, child(ren), roommate, etc.) _____

Are you willing to assume responsibility for all medical care for this dog including annual preventative shots, heartworm prevention, etc.? _____

Do you understand that the adoption fee will cover the cost of spay/neuter, health checks and shots for your pet? _____

Are you willing to accept responsibility for an Afghan Hound that may need additional training perhaps for housebreaking, barking, lead training, chewing, etc.? _____

What correction methods will you use for inappropriate behaviour? _____

Do you have a preference of sex/age/color/behaviour characteristics? If so, please indicate. If you would like to consider any rescue Afghan Hound, just answer "None" _____

What sort of Afghan Hound do you prefer? (Active, Sedentary, Mellow, Athletic, etc.)

How would you describe your lifestyle? Active, sedentary, etc.? Please explain.

How often do you travel? If you travel, who will care for your dogs when you are away? (Boarding Kennel, neighbour, etc.?) _____

Please give the name/address/phone number your veterinarian(s).

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

May we contact your veterinarian? _____

Please provide the names/addresses/phone numbers and e-mail of two references who know of your pet ownership and whom we may contact:

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Email: _____

Name: _____

Address: _____

Phone: _____ Years Acquainted: _____

Email: _____

Is there any other information that you would like for us to consider as we review your application?

I affirm that the information provided is true, complete, and correct to the best of my knowledge.

Name: _____

Date: _____