

ADOPTION QUESTIONNAIRE



Bylaw Services
212-2780 Veterans Memorial
Parkway, Victoria, BC,
Canada V9B 3S6

T: 250.474.3351
F: 250.391.9727
Toll Free: 1.800.665.7899
www.crd.bc.ca

Name _____ Email _____

Address _____ City _____ Postal Code _____

Primary Phone _____ Alternate Phone _____

Impound # _____ Animal ☐ Dog ☐ Cat ☐ Other _____

1) Do you currently live in a ☐ House ☐ Apartment ☐ Condo ☐ Other _____

2) Do you currently ☐ Rent ☐ Own ☐ Lease the residence where you live?

3) How long have you lived at your current residence? _____

4) Do you have a fully fenced yard? _____ Type and Height? _____

If not property owner, CRD Animal Care Services has my permission to verify current pet policy:

Landlord's Name _____ Phone Number (____) _____

5) How many adults live in your home? _____

6) How many children? _____ Ages _____

7) Does anyone in your household have allergies? ☐ Yes ☐ No

8) Who will be primarily responsible for the care of this animal? _____

9) Is this animal a gift? ☐ Yes ☐ No If yes, for whom? _____

10) Which of the following best describes your reasons for wanting this animal? (Check all that apply)

☐ Companion ☐ To Breed ☐ For kids ☐ Companion for other pet

☐ Other _____

11) What attracts you to the animal you are interested in? _____

12) Will this animal be: ☐ Indoor only ☐ Outdoor only ☐ Indoor & Outdoor

13) Where will the animal be kept when no one is home? _____

14) How many hours per day will the animal be left alone? _____

15) Where will the animal be kept at night? _____

16) Do you plan to have the cat declawed? ☐ Yes ☐ No

Please fill out the back side of form →

17) If yes, why? _____

18) Have you had pets in the past (as an adult)? ☐ Yes ☐ No

19) **Please list all of the pets you have had in the last 10 years including current pets, and those you no longer own**

Species	Breed	Age	Sex	Altered	Owned how long?	What happened to him or her?
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		
			M / F	Y / N		

20) If you have other pets, are their vaccinations current? ☐ Yes ☐ No

21) If you have other pets, are they currently licensed? ☐ Yes ☐ No

22) Do you have a regular veterinarian? ☐ Yes ☐ No Name _____

23) Under what circumstances would you **not** keep this animal? _____

24) How much money do you expect to spend per year caring for this animal (vet care, tags, food, supplies, toys)
\$ _____

I certify that the information I have given is true and that I recognize that any misrepresentation of the facts may result in my losing the privilege of adopting an animal. I authorize investigation of all statements on this application. I understand that this application is the property of Capital Regional District Bylaw and Animal Care Services.

Signature _____ Date _____

Impound # _____ Reviewed by _____ Date _____