THE DISTRICT OF MACKENZIE

P | 250-997-3221 info@districtofmackenzie.ca F | 250-997-5186 districtofmackenzie.ca

DOG ADOPTION APPLICATION- MACKENZIE, BC

Adoption form for dogs in Mackenzie, BC. Must be 18 years or over to be able to adopt.

Contact Info

First Name:							
Last Name:							
Email:							
Street Address:			P.O.Box:				
Phone Number:	Phone Number: Cell:		Other:				
Number of adults (18 +	Years) a	t home:					
Number of children UN	DER 13 a	at home:					
Number of teenagers in the home (13-17):							
Any visiting children?	YES:		NO:		OCCASIONALLY:		
Any allergies in the fam	ily?	YES:		NO:			
How busy is your family's schedule?			VERY BUSY:	BUSY:		NOT BUSY:	
On average, how many hours will your dog be alone on weekdays/weekends?							
How many hours of exercise can you give your dog on weekdays/weekends?							
Where will your dog stay during the day?							
Where will your dog stay during the night?							
Who will have responsibility for this dog?							
Have you had dogs before? YES:		NO:					
Are there other dogs in your							
household?				NO:			
Are they dog friendly? YES:			NO:				
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Do the other dogs in your							
household have any food/toy aggression?		YES:		NO:			
Do you have any other pets in your household?		YES:		NO:			
What is your preference?		FEMALE:	MALE:		NO PREFERENCE:		
What age are you looking to adopt?		PUPPY:	ADULT:		SENIOR:		NO PREFERENCE:
Are you willing to work on problems that may arise such as: Separation anxiety, Excitability, Mild aggression, Obedience, House training, Fearfulness, Reaction to other dogs, Barking,							
Vocalization?	YES:		NO:			DEPEN	DS:
I am a first-time dog owner:		YES:			NO:		
I have lots of experience and can handle a difficult dog:		YES:	NO: NOT SE		JRE:		
I am happy to bring all the household members and dog(s) to come for a meet and greet with the potential dog to see if it is a perfect match before completing the adoption:			YES: NO			NO:	
ARE YOU WILLING TO SPAY/NEUTER WITHIN 6 MONTHS OF ADOPTING?			YES		NO:		
HAVE YOU BEEN CONVICTED OF CRUELTY TO ANIMALS?		YES:	NC):	FILE#:		
HAVE YOU EVER BEEN BANNED FROM OWNIN ANIMALS?	G	YES:	NO:		REASON:		



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I certify that all the information given here is true to the best of my knowledge:		YES:	NO:
PRINT NAME:		SIGNATURE:	
ANIMAL CONTROL PRINT NAME:		ANIMAL CONTROL SIGNATURE:	
DATE:		•	•

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