

## CYTAR ADOPTION AGREEMENT

Name: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website/Alternate E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Number of years at residence: \_\_\_\_\_

Any non family members living/working at residence: \_\_\_\_\_ Type of Residence: \_\_\_\_\_

Rent \_\_\_\_\_ Own \_\_\_\_\_ If rent, do you have the Landlord's permission to have a dog? \_\_\_\_\_

Name & Phone of Landlord: \_\_\_\_\_

Do you have a pool? \_\_\_\_\_ Is it fenced? \_\_\_\_\_ Type and height: \_\_\_\_\_

What type of area will this dog have access to for urination/defecation and exercise purposes? \_\_\_\_\_

\_\_\_\_\_ Is the area fenced? \_\_\_\_\_ Type and height \_\_\_\_\_

Is there a local park? \_\_\_\_\_ Is it leash free? \_\_\_\_\_

How and when will this dog get daily exercise? \_\_\_\_\_

Are you willing to have a CYTAR member do a home visit? \_\_\_\_\_ Why do you want to adopt a Yorkie? \_\_\_\_\_

Have you or any family members ever owned a Yorkshire Terrier? \_\_\_\_\_

If so, where is the dog now? \_\_\_\_\_

Is anyone in the residence allergic to dogs/animals? \_\_\_\_\_

Who will be the primary caregiver to this dog? \_\_\_\_\_

If children, are they familiar with dog/pets? \_\_\_\_\_ Are they willing to participate in learning the proper way to care for a Yorkie? \_\_\_\_\_

If no children, are you planning on having any in the near future? \_\_\_\_\_

What will you do with this dog? \_\_\_\_\_

Do you own other animals? \_\_\_\_\_

Type: \_\_\_\_\_ Male Female Altered: Yes No Small dog tolerant? Yes No

Type: \_\_\_\_\_ Male Female Altered: Yes No Small dog tolerant? Yes No

Type: \_\_\_\_\_ Male Female Altered: Yes No Small dog tolerant? Yes No

Type: \_\_\_\_\_ Male Female Altered: Yes No Small dog tolerant? Yes No

Are you interested in dog sports?\_\_\_\_\_ Which type? \_\_\_\_\_

Do you plan on entering your Yorkie into formal classes? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

Have you given thought to the amount of time and commitment a Yorkie would require from you? \_\_\_\_\_

Where will this dog stay during the day and night? \_\_\_\_\_

Will this dog be alone during the day? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

If yes, what plans are you making to care for this dog when you are not at home? \_\_\_\_\_

What arrangements would you make for vacations or going out of town without this dog? \_\_\_\_\_

Are you intending to use a crate for this dog? \_\_\_\_\_ When? \_\_\_\_\_

Where will this dog sleep? \_\_\_\_\_

Have you ever owned a rescue/shelter dog? \_\_\_\_\_ If so, when?\_\_\_\_\_ From where? \_\_\_\_\_

Are you willing to keep in touch with CYTAR regarding the well being of this Yorkie?\_\_\_\_\_

Would you like to become a member of The Canadian Yorkshire Terrier Association?\_\_\_\_\_

Are you interested in volunteering with CYTAR? \_\_\_\_\_

### Veterinary Information

Name of Vet: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_ E-mail/website address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Have you ever treated a Yorkshire Terrier?

Are you familiar with rescue dogs? \_\_\_\_\_ Do you practice complimentary medicine?

Are you willing to contact the CYTA if any concerns or problems occur with this rescue?

Are you willing to speak with or receive a visit from a CYTAR member?

Signature of Vet \_\_\_\_\_

### References (Non Family only. You must have at least 2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Best time to call? \_\_\_\_\_

Do you own a pet? \_\_\_\_\_ What type: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Best time to call? \_\_\_\_\_

Do you own a pet? \_\_\_\_\_ What type: \_\_\_\_\_

All of the information I have given above is accurate and true to the best of my knowledge. I will provide this dog with adequate food, water, shelter, affection and medical care. I understand that The Canadian Yorkshire Terrier Association Rescue is a placement service only and is not responsible for the accuracy of the information received about the temperament, habits or physical condition of dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it. I am in full agreement with these terms of adoption. The Canadian Yorkshire Terrier Association Rescue is in no way liable or responsible for any damages, accident or injury resulting from this placement of any dog into my household. Should I adopt, this completed application will become a part of my contract. All adoption fees are non-refundable. Should the possibility arise that I cannot keep this dog, The Canadian Yorkshire Terrier Association retains the right to be notified and can request the animal be returned to them for possible future adoption.

I hereby certify that I have never been reported for, investigated for or charged with abuse or cruelty to any animal.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_