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# CANADIAN NEWF RESCUE INC.

## APPLICATION FOR ADOPTION

Date : \_\_\_\_\_

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

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

City: \_\_\_\_\_

Postal: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Canadian Newf Rescue ? \_\_\_\_\_

Why would you like to adopted Newfoundland dog? \_\_\_\_\_

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***PLEASE SHARE SOME INFORMATION ABOUT YOUR HOME***  
***(Please circle answers below)***

Type of dwelling *HOUSE, APARTMENT, CONDO*

Do you *OWN* or *RENT* if rented, does your rental agreement permit you to have dogs, *YES* or *NO*.

Would your neighbours be agreeable to you having a dog, *YES, NO, MAYBE*

Are you moving in the *next 6 months, year, or staying.*

Do you have a fenced yard. *YES or NO*

What type of fencing, *wood, chain link* Height of fence \_\_\_\_\_

Do you have a dog run *YES or NO*

Do you have a dog house *YES or NO*

Do you have a dog crate *YES or NO*

### ***VACATION TIME***

Is your dog included in your vacation *YES or NO*

Do you have a trailer or motorhome *YES or NO*

Do you vacation at a cottage *YES or NO*

Are dogs permitted where you vacation *YES or NO*

### ***OBEDIENCE TRAINING***

Have you trained a dog through obedience school *YES or NO*

Are you willing to take your new dog to obedience school *YES or NO*

Name of obedience school in your area \_\_\_\_\_

Have you owned a Newfoundland in the past *YES or NO*

Do you have a Newfoundland at the moment *YES or NO*

### ***ANIMALS THAT CURRENTLY IN YOUR HOME***

***(DOG NUMBER 1)***

Dog Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Male  or Female

Age : \_\_\_\_\_ Neutered/Spayed YES or NO

***Please circle the characteristic that best describes your dog by the Name of: \_\_\_\_\_***

- A. Affectionate, sociable, easy going, friendly, playful
- B. Mannerly, gentle, obedient, attentive, confident, reserved, quiet
- C. Passive, submissive, timid, sensitive, defensive
- D. Active, exuberant, hyperactive
- E. Independent hardheaded, uncontrollable, aggressive, dominant.

***(DOG NUMBER 2)***

Dog Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Male  or Female

Age : \_\_\_\_\_ *Neutered/Spayed YES or NO*

***Please circle the characteristic that best describes your dog by the Name of: \_\_\_\_\_***

- A. Affectionate, sociable, easy going, friendly, playful
- B. Mannerly, gentle, obedient, attentive, confident, reserved, quiet
- C. Passive, submissive, timid, sensitive, defensive
- D. Active, exuberant, hyperactive
- E. Independent hardheaded, uncontrollable, aggressive, dominant.

***\*\*if needed please attached an additional page with your other dog(s) information\*\*\*\****

Do you have cats *YES or NO*

Name: \_\_\_\_\_ Male  or Female

Age : \_\_\_\_\_ *Neutered/Spayed YES or NO*

Is your cat(s) use to being around a dog? *YES or NO*

Do you have any other animals? Please let us know what, age, name:

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***YOUR FAMILY:***

Is everyone in your family in agreement about a Newfoundland adoption *YES or NO*

Is anyone in your family allergic to dogs *YES or NO*

How many adults in your home? \_\_\_\_\_

How many children in your home? Ages of children

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***YOUR TIME WITH THE NEWFOUNDLAND***

Are members of your family home during the day *YES or NO*

Your hours of work \_\_\_\_\_

How many hours will the dog be left alone during the day? \_\_\_\_\_

***GROOMING YOUR NEWFOUNDLAND;  
IMPORTANT!!!!***

***PLEASE NOTE THAT YOUR NEWFOUNDLAND SHOULD NEVER BE  
SHEARED OR SHAVED FOR THE SUMMER MONTHS AS IT COULD  
LEAD TO HEAT STROKE!***

Have you groomed a Newfoundland dog? *YES or NO*

***NEWFOUNDLAND PREFERENCE***

Are you willing to adopt a senior (7+) *YES or NO*

Are you willing to adopt a *MALE or FEMALE* and why: \_\_\_\_\_

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Are you willing to adopt a landseer *YES or NO*

***PET INSURANCE***

Are you willing to apply for pet insurance *YES or NO*

Have you ever surrendered an animal to the humane society *YES or NO*

Have you ever adopted an animal from the humane society *YES or NO*

***TRAINING***

Have you ever participated in any type of dog training? *YES or NO*

If YES: please tell us the agency and your experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to participate in training with your new Newf? *YES or NO and WHY:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***REFERENCES (please include your vet)***

***Please include full names, address, and phone numbers***

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

*Thank you for taking an interest in adopting. Please return your completed application either by mail to Canadian Newf Rescue Inc. 610 Byron Street Whitby Ontario L1N 4R5 or email at [www.canadiannewfrescue.ca](http://www.canadiannewfrescue.ca)*