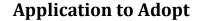
CUPCAKES POMMY AND FRIENDS RESCUE & REHABILITATION





Thank you for considering adopting a dog from our rescue. We cherish each and every one of our dogs. As a result, we have an adoption process that includes several steps:

(1) Complete and submit an application to cupcakespommyrescue@gmail.com

(Note: you can save to your computer, fill out electronically, save and email back or you may print, fill out by hand and take photos or scan pages and then email photos or scanned pages to return it).

- (2) You will receive verification of your application by email, usually within 24 hours.
- (3) If any information is missing from the application, we may correspond with you by email to gather any missing information.
- (4) A Cupcakes adoptions volunteer will complete the reference checks. Please note we may contact your veterinary care professional for reference as well.
- (5) A home check will be completed. The purpose of the home check is to ensure you have an environment that is safe for our dogs. We will look at your fencing and talk about your plans for training, where the dog will sleep, where the dog will be able to enjoy exercise time. The home visit is a requirement and will not be waived.
- (6) A meet and greet will be arranged with the dog you have applied to adopt. Sometimes we are able to work out that the dog attends the home check to reduce the number of steps in the process this is dependent on foster parent availability.
- (7) After the meet and greet, if all steps have been satisfied, you may be approved for adoption and the adoption can be completed. Completion of the adoption will include completing and signing an adoption agreement and payment of the specified adoption fee. You will receive an email confirming approval for adoption.

At Cupcakes, we strive to ensure the best fit for our dogs. Often we receive multiple applications in a very short window of time. When this occurs, we seek out the best fit for our dog. When there are multiple best fits, we then move to a first come, first served approach. Best fit includes consideration of interaction with dogs, adults and children in the home, opportunities for exercise, your history in caring for dogs and best fit with the individual dog's specific needs.

A NOTE REGARDING APPLICATIONS TO ADOPT FROM PERSONS RESIDING OUTSIDE THE CAPITAL REGION OF WINNIPEG:

We appreciate applications that come to us from outside of the capital region of Winnipeg. However, we may not be able to facilitate an adoption outside of the Winnipeg capital region. Our adoption process includes a home visit and a meet and greet in your home with the dog you wish to adopt. We are not able to fly or travel extended distances to complete these visits. What distance we can travel depends on our small core of trained volunteers being available to do the travel outside of the city for visits. We have no doubt there are many wonderful adopters in our Province and beyond. Because we are a very small rescue with limited resources we cannot accommodate most distance applications.

Date of Application:	
Please identify by name the dog you are	applying to adopt:
What are your requirements for the dog yo	ou are wanting to adopt: (please check those that apply)
	maximum of 10 pounds when an adult maximum of 20 lpounds when an adult e a lot of walks/exercise
please note their ages)	their relationship to the primary applicant: (for children
Street address:	Box Number:
City/Town:	_ Postal Code:
Telephone Numbers:	
Work:	Home:
Cell:	Other:
Email Address:	
Mailing Address if different than address li	sted above:
How long have you lived at this address?	
Do you have plans to move/change addre	sses? If yes, when?
· · · · · · · · · · · · · · · · · · ·	at (vacation homes, other residences)? If yes, please

Do you rent or own your primary residence? If you rent, does your lease permit animals? *Please* note that you will be required to provide a copy of your lease to show proof that you are allowed to have animals in your rented home.

Information about your yard(s) (mark yes to those that apply):
Primary residence: fully fenced secure yard:
Secondary residence: fully fenced secure yard:
Primary Residence: partially fenced or unfenced yard:
Secondary Residence: partially fenced or unfenced yard:
Primary Residence: no yard:
Secondary Residence: no yard:
Financial Information of Adopters:
What is your primary source of income (Employed full time, Employed part time, retirement pension, disability pension, social assistance benefits, etc)?
Have you ever had financial difficulty paying vet bills or have you had to defer treatment for your pet due to financial limitations (if yes, please explain)?
Please comment on your financial capacity to meet the dog's vetting needs on an ongoing basis and should the dog become sick or injured.
Physical Care of Your New Dog:
Do you work outside of the home?
Approximately how many hours per day will the dog be left unattended?
What is your plan for when you are not home (please mark Yes by those that apply)
 Dog will have free roam of the house Dog will be restricted to specific rooms only Dog will be kept in a single room with door closed Dog will be in an area of the home and restricted by a baby gate Dog will be in an indoor kennel Dog will be outside with a dog house/shelter Dog will be outside on a tie down
Where will the dog sleep at night?

Are you planning any vacations, moves or big transitions within the next month? Any reason why this adoption may be delayed?				
Please describe what steps you will take to ensure the dog is safe when outside to prevent them from running away, falling victim to other animal attacks or from theft:				
Do you have any physical/medical limitations that we should consider to help ensure that the dog you have selected will indeed be an appropriate match for your home?				
Where will your dog get exercise (mark yes to those at apply) Play in the house Play in the yard Walks in the neighborhood (please note how often and how long) Play at off leash dog park (please note how often) Walks in various other locations (please note how often) Other (please specify)				
Please tell us about your experience in caring for dogs:				
Do you have experience caring for dogs from puppy mills? If yes, please describe.				
Do you have any experience caring for dogs who have experienced trauma or abuse, who may be fearful, aggressive for example? If yes, please describe.				
Do you have experience with behavioural training and/or housetraining dogs? If yes, please describe.				
How will you discipline/correct/train your dog?				
Do you have experience caring for dogs with ongoing medical needs or elderly dogs? If yes, please describe.				

Have you ever had to surrender or rehome a dog in your care? If yes, please explain the circumstances.				
~		Are you in a position to pr an if you cannot care for yo	ovide care for this dog for all of their our dog?	
•		omething were to happen sin your care? (please adv	to you? Are there provisions in your vise of plan):	
	•	s experience with dogs, inces with dogs that left ther	cluding how comfortable are they with m feeling fearful:	
	•	ment with the application thabilitation (please explain	to adopt a dog through Cupcakes n)?	
•		·	If not, how do you/will you	
What pets currently	live in your ho	me?		
1) Pet Name:		Species/bree	ed:	
			Spayed/Neutered :	
Gets along with dog			. ,	
Year of most recent	vaccinations:			
Normally kept indoo	rs or outdoors	?		
Location when you a	are away from	the home:		
How long has this pe	et resided with	you?		
Is the pet licensed w	ith your local a	animal control authority? _		
2) Pet Name:		Species/bree	ed:	
Sex:	Age:	Weight/size:	Spayed/Neutered :	
Gets along with dog	s?			
Year of most recent	vaccinations:			
Normally kept indoo	rs or outdoors	?		
Location when you a	are away from	the home:		
How long has this pe	et resided with	you?		

3) Pet Name:		Snecies/hreed	:
			Spayed/Neutered :
	-	-	
Year of most recen			
		?	
		the home:	
		you?	
Is the pet licensed	with your local a	animal control authority?	
·	·	·	
4) Pet Name:		Species/breed	:
Sex:	Age:	Weight/size:	Spayed/Neutered :
Gets along with dog	gs?		
Year of most recen	t vaccinations:		
Normally kept indo	ors or outdoors	?	
Location when you	are away from	the home:	
How long has this p	oet resided with	you?	
Is the pet licensed	with your local a	animal control authority?	
PLEASE USE ADD LISTED ABOVE.	ITIONAL PAPE	ER TO LIST ANY OTHER P	ETS OTHER THAN THOSSE
REFERENCES			
•	•	vet, clinic name and phone	number) Note: we may contact
being able to answerescue. Your refere	er questions ab inces <u>should n</u> ven your permis	out your experience and sui	ence to support your application by itability to adopt a dog from our solves. Please ensure that your ence and that they are aware you ar
1) Name:			
Relationship to you	l	_ How long have you kno	wn them?
Phone Numbers (H	lome)	(Work)	(cell)
Their email address	s·		

2) Name:		<u></u>
Relationship to you	How long have y	ou known them?
Phone Numbers (Home)	(Work)	(cell)
Their email address:		
3) Name:		
Relationship to you	How long have y	ou known them?
Phone Numbers (Home)	(Work)	(cell)
Their email address:		
Thank you for applying to adop questions we would like to ask y	• • •	us dogs. We have just a few more
How did you first learn about Cu	ipcakes Pommy & Frien	ds Rescue and Rehabilitation?
Do you know anyone who has p	previously adopted from	us? If yes, who?
Is there any additional information and ensure the best possible ma	•	vide to help us process your application
Please visit our Facebook page:	:	
https://www.facebook.com/cupc	akespommyrescue/	
Contact Information:		
cupcakespommyrescue@gmail.	.com	