



**GREAT PYRENEES CLUB OF  
SOUTHERN ONTARIO**

**RESCUE ADOPTION APPLICATION**

1. NAME: \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_

3. CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

4. HOME TELEPHONE: \_\_\_\_\_

Best time to Call: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Best time to call: \_\_\_\_\_

WORK TELEPHONE:

Can we call you at work: YES  NO

If yes, Best time to call: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

5. TYPE OF RESIDENCE:

House:

Condo:

Apartment:

Townhouse:

Other:

Own:

Rent:

\*\* If renting, you will need to provide the Landlord's written permission to adopt a Great Pyrenees

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6. CONTAINMENT OF DOG:

Fully Fenced-in yard:

Type: \_\_\_\_\_

Height: \_\_\_\_\_

Chain-Link Dog Run

Invisible Fence

\*\* Are you aware that many Great Pyrenees will escape from an Invisible Fence?

Other outdoor Tying Devise

Large Dog Crate

7. HOUSEHOLD INFORMATION:

No. of Adults in house: \_\_\_\_\_

No. of children in house: \_\_\_\_\_

Ages of children: \_\_\_\_\_

Do all members support the decision  
to adopt a Great Pyrenees? YES:  NO:

Do you own any other dogs now YES:  NO:

If yes, please list ages, sex, spay/neuter, and breed information for each dog:

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

Do you own any other pets: YES:  NO:

If yes, please list types, ages and sex for each pet:

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

Have you ever owned a Pyr? YES:  NO:

Have you ever owned other dogs YES:  NO:

If yes, what happened to them? \_\_\_\_\_

\_\_\_\_\_

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8. RESCUE DOG INFORMATION:

Preferences: Male:

Female:

No Preference:

Age: under 2 years:

2 – 7 years:

Senior Dog:

No Preference:

Are you willing to housebreak a dog: YES:  NO:

How far are you willing to travel

to acquire a Rescue Dog? \_\_\_\_\_

Where will the dog spend the day? \_\_\_\_\_

\_\_\_\_\_

Where will the dog sleep? \_\_\_\_\_

\_\_\_\_\_

How long will the dog be alone during

the day if all adults work? \_\_\_\_\_

9. OTHER INFORMATION:

Why do you want to adopt a Great Pyrenees? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*\*Please contact your vet and authorize them to release information to Great Pyrenees Club of Southern Ontario – Pyr Rescue

Any other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I/We certify that the information contained in this application is true and correct and further authorize the GPCSO to contact any and all references in order to verify the information provide in this Adoption Application

\_\_\_\_\_  
Signature

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

Thank you for your co-operation. This questionnaire helps us in our consideration of the placement of the right dog with the right family. A rescue advisor will be in contact with you soon.

Please forward by regular mail to: Carol Graham,  
5039 4th Line,  
R.R. #2,  
Acton,  
Ontario  
L7J 2L8