

Dog Adoption Questionnaire: Continued

| 12. What enrichment do you plan on providing for your | 14. Have you owned a dog before? | | | |
|--|--|--|--|--|
| dog? | ☐ Yes, I was the sole caretaker | | | |
| ☐ Toys | ☐ Yes, I was not the sole caretaker | | | |
| □ Dog park | ☐ No, I have not owned a dog before | | | |
| | 15. It is important my new dog is: | | | |
| ☐ Walks / hikes / runs long / short | . , | | | |
| ☐ Tricks / training | ☐ Quiet | | | |
| ☐ Brain games / puzzles | ☐ Calm | | | |
| ☐ Sports (please specify): | □ Playful | | | |
| D Sports (piedse speeny). | ☐ Sociable / friendly | | | |
| Other (please specify): | ☐ Affectionate | | | |
| Other (please specify). | ☐ Enjoys being pet | | | |
| | ☐ Enjoys being held | | | |
| 13. Which of the following are you NOT willing to work | ☐ Energetic / active | | | |
| with? | ☐ Independent | | | |
| ☐ Barking | ☐ House trained | | | |
| ☐ Shy / fearful behaviours | ☐ Easy to train | | | |
| ☐ Biting / rough play / jumping up | ☐ Requires low maintenance grooming | | | |
| ☐ Does not get along with children / other animals | ☐ Gets along with: | | | |
| | □ Children | | | |
| ☐ House / basic training | □ Cats | | | |
| ☐ Leash training | □ Dogs | | | |
| ☐ Separation anxiety | ☐ Small animals | | | |
| ☐ Aggression | | | | |
| ☐ Resource guarding | ☐ Guests / visitors | | | |
| | | | | |
| Please select any additional topics you | u'd like to discuss today | | | |
| ☐ Body Language ☐ Kids and do | gs | | | |
| ☐ Dog to dog introductions ☐ Fearful beha | - | | | |
| | arried. — Erate training | | | |
| Please read and sign the | following | | | |
| | | | | |
| I, the undersigned, am of at least 18 years of age, and verify that all of the | above information is true and correct. I understand that | | | |
| this dog was a stray and therefore has no known medical or behavioural history. All dogs have been vaccinated, treated for fleas and | | | | |
| worms, spayed / neutered, and microchipped. While appearing healthy, th | nis dog could have an underlying health problem which may | | | |
| not have been detected. | | | | |
| | | | | |
| I understand that any further veterinary care for the adopted dog is at my | discretion, however the London Animal Care Centre highly | | | |
| recommends having the animal examined by a veterinarian as soon as pos | sible, ideally within 72 hours of adoption. I understand that | | | |
| the London Animal Care Centre will not reimburse me for any medical exp | enses incurred after the animal has been adopted. | | | |
| | ithin 2alia if the next should war to be unavitable to | | | |
| I understand that I may return this animal to the shelter for a full refund w | | | | |
| the new home. I understand that some animals take many weeks to settle | into a home and agree to contact the shelter for guidance | | | |
| prior to returning this animal. | | | | |
| ☐ I give LACC permission to take my photograph for use on social m | edia to promote adoptions | | | |
| ☐ I agree to receive electronic messages from Royal Canin Canada C | · | | | |
| complimentary Royal Canin Adoption kit and help to feed the dog | · · · | | | |
| Complimentary Noyal Canin Adoption kit and help to leed the dog | שנים שות כמנש ווו נווכ אוכונכו. | | | |
| | | | | |
| Analisant signatura | Data | | | |
| Applicant signature | Date | | | |



□ No□ I live alone

Dog Adoption Questionnaire

| Animal Name: | |
|--------------|----------------|
| P#: | Adoption Date: |
| A#: | ACT Initials: |
| Approved | On Hold |

| | Dog Adoption Questionnal | ii e | A#: ACT Initials: |
|------------|--|-------|---|
| Fill the n | | | Approved On Hold |
| Ador | oter Name: | | Citizen / Borm Besident / Student or Work Vise |
| | | | Citizen / Perm. Resident / Student or Work Visa |
| Addi | ess: | | Apt: City: |
| Posta | ai Code: Phone: | Ema | ail: |
| | Please answer the following questions | to be | ole us find your now fureyer friend! |
| 1 \ | | | |
| | Why are you adopting a dog? ☐ Companion for myself / children / pet | 6. | I am prepared to adopt a dog with: |
| | □ Shop dog | | □ No health issues |
| | □ A gift | | ☐ A minor medical condition (e.g. visually impaired) |
| | ☐ Replace a lost / deceased pet | | □ A veterinary prescribed diet□ A condition requiring medication |
| | ☐ Security / guard dog | | A condition requiring medication |
| | □ Sport prospect | 7. | How often do you plan to have your dog seen by a vet |
| | □ Working dog (please specify): | | ☐ When sick |
| | - 0 · · · · · · · · · · · · · · · · · · | | ☐ Twice per year |
| | Other (please specify): | | ☐ Annually |
| | · · · · · · · · · · · · · · · · · · · | | ☐ Once every 3 years |
| 2. V | What best describes your living environment? | 8. | . Where will the dog be housed when alone? |
| | ☐ Apartment | | ☐ Crated inside |
| | □ Condo | | ☐ Loose in the home |
| | □ House | | Outside |
| | ☐ Fenced yard | | ☐ A spare room / dedicated room |
| | ☐ Unfenced yard | ۵ | . What diet do you plan on feeding to your dog? |
| | □ Acreage □ No yard / balcony | ٦. | ☐ Kibble / dry food |
| | | | ☐ Raw diet |
| | n your household there are: # | | ☐ Wet / canned food |
| | □ Infant <u> </u> | | □ Vet recommended |
| | ☐ Young children (Under 12) | | ☐ Human food |
| | ☐ Mature children (12-17) | | ☐ Other (please specify): |
| | □ Adults (18-64) □ Seniors (64+) | | |
| | □ Cats | 10 | O. What methods do you plan on using to train your |
| | □ Dogs | | dog? |
| | □ Small animals | | ☐ Positive reinforcement |
| | | | ☐ Physical reinforcement (e.g. tap on the nose) |
| | Are your current pets up to date with their vaccines | | ☐ Clicker training |
| | and/or spayed / neutered? | | uno" and point |
| | □ Yes | | ☐ Balance training |
| | □ No | | ☐ Training classes |
| | ☐ Yes and no (please specify): | | ☐ Other (please specify): |
| | ☐ I do not own other pets | 11 | . What would you do if you could no longer care for |
| 5. I | f you have roommates, have you addressed issues | 11. | the dog? |
| | uch as pet-related allergies and verified that they | | ☐ Surrender the dog to a shelter |
| | support your decision to adopt a pet? | | ☐ A friend / family member will take over ownership |
| | Ses | | ☐ Rehome to a new owner |
| | □ No | | ☐ Surrender the dog to a rescue organization |