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|  | **Dog Adoption Questionnaire****Please Print Clearly** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  **FOR OFFICE USE:****P#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****A#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Adoption Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****ACT Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **ABOUT YOU AND YOUR HOME** |  |  |
|  |  |
| 1. Please select your age category:
* Under 18
* 18 – 64
* 65+
1. What best describes your living environment?

|  |  |
| --- | --- |
| * House
* Apartment
* Townhome
* Condo
 | * Fenced yard
* Unfenced Yard
* Acreage
* No yard
 |

  Do you (circle one): Own Rent1. In your house, number of:

Adults (18+) \_\_\_\_\_Children(under 12) \_\_\_\_\_Children (12-17) \_\_\_\_\_1. Are there any other pets in your household? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. If yes, are your pets up to date with vaccines?

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| --- | --- |
| * Yes
 | * No
 |

1. Is anyone in your home allergic to dogs?

|  |  |
| --- | --- |
| * Yes
 | * No
 |

1. Where will your dog stay when you are not home?

|  |  |
| --- | --- |
| * Loose in the house
* Crated inside
* Spare room
 | * Outside
* Other: \_\_\_\_\_\_\_\_\_\_\_
 |

 | 8. What sort of enrichment do you plan to offer your dog?

|  |  |
| --- | --- |
| * Dog Park
* Click training
* Runs
* Agility Training
 | * Short walks
* Long walks
* Other: \_\_\_\_\_\_\_\_\_\_\_\_
 |

9. What methods would you use to train your new dog?

|  |  |
| --- | --- |
| * “Cesar’s Way”
* Positive reinforcement
* “No!” and point
* Training classes
 | * Tap on the nose
* Treats and rewards
* Clicker
* Other: \_\_\_\_\_\_\_\_
 |

10. Have you been the primary caretaker of a dog before?

|  |  |
| --- | --- |
| * Yes
 | * No
 |

12. How often should your dog see a veterinarian?

|  |  |
| --- | --- |
| * Once every 3 years
* When it is sick
* Twice per year
 | * Annually
* Monthly
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

13. What is the best diet for your dog?

|  |  |
| --- | --- |
| * Dry/kibble
* Raw
* Wet/canned
 | * Table scraps
* Vet Recommended
* Other: \_\_\_\_\_\_
 |

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| --- |
| **IT IS VERY IMPORTANT FOR MY DOG TO….. (please check all the apply)** |
| * Be friendly with children
* Be friendly with other dogs
* Be friendly with cats
 | * Be friendly with strangers
* Enjoy being held
* Be calm
 | * Be playful
* Be quiet
* Be independent
 |

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| **WHICH OF THE FOLLOWING WOULD YOU BE WILLING TO WORK ON WITH YOUR NEW DOG?** |
| * House Training
* Jumping Up and Mouthing
* Shy/Fearful Behaviours
* Barking Problems
* Basic Training
 | * Separation Anxiety
* Food and/or Toy Possessiveness
* Aggression
* Socialization
* Leash Skills
 |

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| https://www.hillspet.ca/content/dam/cp-sites/hills/hills-pet/en_us/shelter/FSL-Bowl-Final-RGB_071816_thumbnail.png | We offer all new pet parents the opportunity to participate in the Hill’s New Pet Parent program. As part of the Hill’s New Pet Parent program, you will receive a link to Hill’s New Pet Parent website, and more information about the Hill’s food, the Adoption Kit and other tips for new pet parents as well as coupon offers. * Yes, I would like to receive email, other electronic communication, and/or mail with information and special offers from Hill’s Pet Nutrition Canada Inc. and its family of brands about my adoption. (**You can unsubscribe at any time**). Hill’s Pet Nutrition Canada Inc. – P.O. Box 699, Streetsville, Ontario L5M 2C2 – HillsPet.ca
 |
|  | Microchip registration is provided through 24PetWatch. Your email address is provided to them so that you can confirm registration, manage your account online, and receive a special offer on Pet Insurance. |

I, the undersigned, agree and understand that this pet is a stray with no known history. While appearing healthy, this pet could have an underlying health problem which may not be reasonably detectable at the time of adoption. I understand that any health concerns should be brought to the attention of London Animal Care Centre within **7 days** from adoption.

I understand that any veterinary care for the adopted pet is at my discretion, however London Animal Care Centre highly recommends having the animal examined by my veterinarian within **72 hrs** of adoption. I understand that London Animal Care Centre will not reimburse me for any medical expenses incurred after an animal has been adopted.

I understand that I may return the animal to London Animal Care Centre for a full refund within **2 weeks** if the pet should prove unsuitable in its new home. I do understand that some animals take longer than others to settle into a home, and agree to contact London Animal Care Centre for guidance prior to returning the animal.

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

Applicant’s Signature Date