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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** |  |  |
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| 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 Rent   1. In your house, number of:   Adults (18+) \_\_\_\_\_  Children(under 12) \_\_\_\_\_  Children (12-17) \_\_\_\_\_   1. Are there any other pets in your household? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | |  |  |  1. If yes, are your pets up to date with vaccines?  |  |  | | --- | --- | | * 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.

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Applicant’s Signature Date