

Adoption Application: Dog/Puppy

Thank you for your interest in giving a pet in need a loving home! Please note that due to COVID-19, the Guelph Humane Society is currently closed to members of the public. Adoptions will be conducted virtually using phone meetings and videoconferencing (e.g., ZOOM). We will not be able to invite adopters into the shelter to meet pets prior to adoption.

To be considered as a potential adopter, an adoption application form must be completed and submitted. The adoption form will allow the GHS team a chance to get to know your home, your lifestyle, and determine if the pet you have expressed interest in adopting may be a good fit. As applications are accepted 24 hours a day 7 days a week, adopters understand that multiple applications may be submitted for a single animal and that submission does not guarantee the adoption of a specific pet. Please note that due to limited resources, staffing and restrictions in place due to COVID-19, our adoption process is taking longer, and we ask for patience while we review all applications submitted in order to find our pets loving new homes.

Please email completed forms and any questions regarding the adoption procedure to adoptions@guelphhumane.ca. We sincerely thank you for your continued support during this time and hope that you and your family stay safe. Sincerely- The GHS Family.

I have read the above and understand the adoption procedure (check):

Name of Dog you're interested in Adopting:	Animal ID (if known, usually found on GHS Website):

ADOPTER INFORMATION

Full Name:	Occupation:
Address:	Unit #:
City:	Postal Code
Primary Contact #:	Secondary Contact #:
Email Address:	

First and Last Name	Age	Relationship to Applicant
		Self

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		Self

s everyone in the household	d aware that you have	applied to adopt a	a dog/puppy from GHS?
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1. Please indicate all human members of the household, including yourself:

Yes No

2. Please list the current pets residing in your home:

Pet Name	Species & Breed	Age	Sex	Spayed or Neutered?	Declawed?	Indoor or Outdoor?	Where did you get this pet?
			M F	Yes No	Yes No	In Out Both	
			M F	Yes No	Yes No	In Out Both	
			M F	Yes No	Yes No	In Out Both	

What year was your pet(s) last seen by a veterinarian?

Describe the pets you've had in the past:

Have you ever had to rehome a pet? If so, please explain the situation:

3. My dog would need to get along with (check all that apply):

Children < 2 years old	Frequent Visitors/Strangers	Cats	
Children 2-8 years old	Seniors	Small Animals	
Children >8 years old	Other Dogs	Other:	

4.	In what type of dwelling do	you live (e.g., apartment	, townhouse, house?):	
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5.	Do you have a fenced-in backyard?	Yes	No
6.	Please elaborate how you plan to physically ex	xercise & ment	tally stimulate your new dog:
7.	On average, how long will your dog be left alo	one each day (e.g., hours)?:
8.	Have you previously had a pet with medical or	r behavioural c	challenges?

9. Are you open to adopting a pet with medical and/or behavioural needs? If yes, please check all that apply:

Medical	Yes!	Behavioural	Yes!
Long-term Medical		Separation Anxiety	
(e.g., diabetes, daily medication, etc.)		(e.g., chews furniture, barks, eliminates in the home when alone)	
Veterinary Prescription Diet		Timid/Shy	
		(e.g., growls or shies away from new people or animals)	
Dogs with the known potential for medical needs in the future (e.g., dental, rechecks, bloodwork,		Resource Guarding (e.g., growls/snaps when people or animals come near food, toys or other resources)	
etc.)			
Palliative		Dog Reactivity (e.g., growls, barks, or does not like other dogs)	
		Overstimulation (e.g., jumps or nips when stressed/excited)	
		Untrained (e.g., jumps up on people/counters, not housetrained)	
		Touch Sensitivity (may growl/snap when touched on paws, tail, etc.)	

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	Touch Sensitivity (may groetc.)	wl/snap when to	uched on paws, to	ail,
10. Are you prepared to provide	e for an aging and/or senior dog?			
11. Do you plan to take your ne	w dog to training classes?	Yes	No	

2. Have y	ou taken a dog to training classes in the past? Yes No
If yes-	with what trainer, how long ago?
3. Please	explain how you would handle the following situations/examples:
a.	Your dog growls when you try to take food away from him/her:
b.	Your dog barks/lunges at another dog while being walked on leash:
c.	Your dog growls at a visitor to your home:
d.	Your dog growls when being touched on their feet, or another part of their body:
. What v	will the average day look like for your dog (e.g., wake up time, exercise routine, etc.):
 Do you	u have a veterinarian in mind for your new pet?
-	our research, what traits (e.g., behaviours, personality) are you expecting your dog to exhibit, on the breed and their adoption profile?
 ′. Anythi	ng else that you would like to share with us?

Thank you for your patience during this uncertain time.

We wish you and your family all the best and hope that you stay safe!

OFFICE USE ONLY

Date Application Received:	Date of Adoption Meeting:
Date/Time of Dog to Dog Introduction (if applicable):	
OFFICE USE ONLY: Communication Notes	