

Please provide as much information as possible. It will assist us in determining if a particular rescued Leo is suitable for your household. If you have any questions please call 519.720.9911 (for English) or 514-891-9623 (for French) or email us at <u>info@LeoRescueCanada.com</u> ** If you email your application without a signature, please follow up with a signed copy by mail to the address noted above. Thank you.

| Name(s) of Applicant(s) : | | | | | |
|--|------------------------------|----------------|------------|-------------------|----------|
| Date of Application : | | _ | | | |
| Full Mailing Address : | | | | | |
| | | | | | |
| Contact Numbers : | | | | | |
| | Home Phone | Business or Co | ell Phone | Fax Number | |
| Email Address(es) : | | | | | _ |
| People in Household : | | | | | |
| | # of Adults (Over 18) | # of Teenagers | s (13-18) | # of Children | Under 13 |
| Specific ages of all occupants please. | | | | | |
| What type of work do you do? | | | | | |
| | | | Mark an "V | lin front of your | |
| | | | Mark an 👗 | ' in front of you | response |
| Does anyone in the household | d have an allergy to dogs? | | Yes | No | Unsure |
| Is everyone in your house in a | agreement to adopting a do | og? | Yes | No | Unsure |
| Will any children in your home | e be responsible to caring | for this dog? | Yes | No | |
| If YES, please describe what the | ey would be responsible for. | | | | |
| Are there a lot of children in y | our neighbourhood? | | Yes | No | |
| Are you visited by children? | Yes, f | requently | Yes, Somet | imes | No |
| If YES to either of the above two qu to your yard/kennel/house when you | | ccess | Yes | No | |

If YES, please explain how you intend to prevent them from letting a dog out either intentionally or by accident, or doing anything else that might be detrimental to the welfare of a dog.

Leo Rescue Canada - Adoption Application Form continued

| Do you live in a house or an apartment/condominium? | House | Apt | Other |
|--|--------------------|----------------|---------------------|
| Do you rent or own your home? | Rent | Own | |
| If renting, is your landlord in agreement with your obtaining a dog? | Yes | No | Unsure |
| Is your yard or property gated and fully fenced? | Yes | No | Will put in a fence |
| Please describe the size of the outside area the dog will have access to, including a description of type and height of fencing. | | | |
| Number of hours an adult is at home during the day? | | | |
| How many hours per day would the dog usually be left alone? | | | |
| Where will the dog be kept during the day? | | | |
| Where will the dog be kept at night? | ·,,,,, | | |
| Do you travel out of town often? | Yes | No | |
| If YES, where will this Leo stay in your absence? | | | |
| Have you ever owned a Leo? | Yes | No | |
| If YES, please provide the name and contact information for the breeder or c | organization you o | btained your L | .eo from. |
| If you do not own or never owned a Leo, have you ever met a Leo? If YES, whose? Please provide name if possible. | Yes | No | |
| Have you researched the Leonberger breed? | Yes | No | |
| What experience have you had with Leonbergers? | | | |
| Are you aware of the grooming requirements of a Leonberger? | Yes | No | |
| What is your reaction to excessive shedding? Please enter the number between 1 and 10 that best applies, where 1=Don't Who would be the caregiver in the event of vacation / special | t Care …10=Stror | ngly Dislike | |
| circumstances? | | | |
| If you were to move, what would you do with the dog? | | | |
| Are you willing to travel a distance to meet a dog? | Yes | No | |
| If YES, how far are you willing to travel? | | | |
| What would be a reasonable amount of time per day that you could exe How do you intend to exercise this dog? (e.g. walking, playing, etc.) | ercise a dog? | | |

Please describe the kind of extra-curricular activities you plan to share with your dog(s).

| What adjustments might you need to make to your present lifestyle in order to accommodate a dog? |
|--|
| |
| Please describe your experience with dogs with respect to raising, housetraining, etc. |
| |
| Have you been involved in dog-related activities? (Puppy/Obedience classes, etc.) Yes No If YES, please let us know which activities and organizations you are/were involved with. |
| |
| Who would be the person most responsible for the dog's training and care? |
| Are you planning to enroll your dog in an obedience/training class? Yes No |
| If NO, how do you intend to train this dog? |
| Please describe your previous dog training experiences if you intend to train the adopted dog yourself. |
| Would you be willing to attend educational seminars/classes to improve your knowledge of dog behaviour? |
| Describe your attitudes towards training a dog or modifying unwanted behaviours. |
| |
| Are you comfortable approaching dogs you do not know? Please explain. |
| If behavioural problems arose in your dog, how would you deal with them? |

Do you currently have dog(s)? If YES, please give us details in the table below.

| Name | Breed | Sex | Spayed / Neutered | Age | Vaccinated Against | Date of Vaccinations |
|------|-------|-----|----------------------|-----|-----------------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Do you currently have pets other than canine? Please detail and list

| Name | Breed / Type | Sex | Spayed / Neutered | Age | Vaccinated Against | Date of Vaccinations |
|------|--------------|-----|----------------------|-----|-----------------------|-------------------------|
| | | | | | | |

Why have you decided to get a dog or another dog?

Please explain why you want to adopt a rescued Leo in particular.

| Have you ever adopted an animal from a shelter or rescue group before? | Yes | No |
|---|-----|----|
| If YES, please give the name and address of the shelter or rescue group as a reference. | | |

| Have you ever surrendered an animal to a shelter or rescue group? | Yes | No |
|---|-----|----|
| If YES, please describe the circumstances. | | |

Please let us know the details of any pet or pets you have had that died as the result of an accident or infectious illness.

| What would be your preference? | Male | Female | Either |
|--|-----------------|--------------|---------|
| What age preference do you have and why? | | | |
| | | | |
| Would you be willing to adopt a senior Leonberger? | Yes | No | Depends |
| If you answered DEPENDS, please explain what it would depend upon. | | | _ |
| | | | |
| Would you consider a dog with a health problem(s)? | | Yes | No |
| If YES, please explain what health problems you would consider and what hea | Ith problems yo | u would not. | |
| | | | |
| | | | |
| Would you consider a dog that has an emotional or behavioural problem (for example separation anxiety, shyness, fear aggression, etc.) that migh | | | |
| controlled or cured with training, behaviour modification or the use of dru | | Yes | _ No |
| After researching the breed, are there any traits that you would prefer to a | avoid? | Yes | _ No |
| If YES, please explain what those traits are. | | | |
| | | | |
| Would you consider adopting a Leo mix? | | Yes | No |
| If you answered YES, please describe the Leo characteristics that are most im | portant to you. | | |
| | | | |
| | | | |
| What do you see as the normal vet care requirements of a dog? | | | |
| How much are you willing to spend on vet care for a dog each year? | | | |
| If it is determined that the Leonberger is in need of long term medical care, are you willing to commit the resources to do so? | Yes | No | Depends |
| If you answered DEPENDS, please explain. | | | |
| | | | |
| | | | |
| | | | |

Identify the problems that you feel you are capable of handling in a rescue dog.

| Would you be willing to adopt a dog with behavioural of | challenges? Yes No |
|---|---|
| If YES, please mark an X in front of all that apply. | |
| Aggression towards other dogs | Under-socialization |
| Fear aggression | Severe under socialization (typical of Puppy Mill dogs) |
| Shyness (including phobias) | |
| If a Leo were placed with you and you could not keep th | e dog, what would you do with it? |
| | |

| Are you willing to have one of our volunteers come to your house for an in-home visit and interview? | Yes | No |
|--|-----|----|
| Where did you hear about Leo Rescue Canada? | | |

References

Please give us contact information for THREE people who are knowledgeable about you and your care of dogs. Please include your vet as one of them, and two other people in the dog world (for example, a dog groomer, dog trainer, shelter or rescue person you once adopted from or someone who has had dogs all their life and knows you well). **PLEASE NOTE: Without references we cannot complete your evaluation.**

| Name 1 : | | | | |
|----------------|-----------------|---------------|---------------|--|
| Contact Info : | Telephone # (s) | Fax Number | Email Address | |
| Address : | | | | |
| Relationship : | | Years Known ? | | |
| Name 2 : | | | | |
| Contact Info : | Telephone # (s) | Fax Number | Email Address | |
| Address : | | | | |
| Relationship : | | Years Known ? | | |
| Name 3 : | | | | |
| Contact Info : | Telephone # (s) | Fax Number | Email Address | |
| Address : | | | | |
| Relationship : | | Years Known ? | | |

Do you have any other comments or questions you would like to add at this time? (Attach a separate page if necessary.)

Are you interested in becoming a volunteer with Leo Rescue Canada?

BEFORE signing and mailing this application, please initial the following statements to indicate that you have read and agree with each one.

| | <u>Agreed</u> |
|--|---------------|
| Adoption homes are selected to best meet the needs of the rescued Leonberger. | |
| Some of our rescue dogs have been abandoned or unwanted, and come to us with little or no history. In the best interest of all concerned we feel it is prudent not to place them in a home with small children under 8 years of age, unless the dog has a known history of being around and behaving appropriately around young children. | |
| For the safety of our rescue dogs, we place them only in homes that have a securely fenced and gated area. | |
| If the dog I adopt is too young to be spayed/neutered prior to leaving Leo Rescue Canada, I acknowledge and agree that I will pay a deposit to Leo Rescue Canada, which will be refunded when the dog is deemed old enough for the surgery, and provided proof of spay/neuter by a qualified veterinarian is submitted to Leo Rescue Canada. I understand that Leo Rescue Canada will maintain legal ownership of the dog until proof of spay/neuter is provided, and reserves the right to repossess the dog if I fail to comply with spaying/neutering the dog within a reasonable given time frame set out by Leo Rescue Canada | |
| The dog must not be left alone longer than 8 hours at any given time. | |
| If I am unable to keep the dog I adopt for whatever reason, I agree to notify Leo Rescue Canada immediately and that Leo Rescue Canada reserves the right to reclaim the dog without compensation to me, unless the dog is returned to Leo Rescue Canada within seven (7) days from the date of adoption. | |
| I acknowledge that the information contained in this form is true and accurate to the best of my knowledge. I und that falsification, fabrication of answers or any misrepresentation of fact will be grounds to disallow the adoption or Leonberger/Leonberger-mix and may result in the removal of the adopted dog from my home by Leo Rescue Car | of a |

Signature(s) of Applicant(s)

Date Signed

Thank you for your interest in Leo Rescue Canada. Confirmation of your application will be done by e-mail or telephone. After confirmation you will be contacted again only when a dog becomes available. At that time arrangements will be made for one of our coordinators to conduct an in-home interview with yourself and the other members of your household prior to consideration for placing the dog with you. Please see the front page of this form for return instructions. If you email your application without a signature, please follow up by mail or fax with a signed copy.

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No

Yes

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