



**Leo
Rescue
Canada**

Adoption Application Form

Please send completed form to :

Leo Rescue Canada
Attention: Ms. Karen Heard
129 Brant School Road
Brantford, ON N3T 5L4

** Email : Info@LeoRescueCanada.com

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 info@LeoRescueCanada.com ** 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 Cell Phone Fax Number

Email Address(es) : _____

People in Household : _____
of Adults (Over 18) # of Teenagers (13-18) # of Children Under 13

Specific ages of all occupants please. _____

What type of work do you do? _____

Mark an "X" in front of your response

Does anyone in the household have an allergy to dogs? ___ Yes ___ No ___ Unsure

Is everyone in your house in agreement to adopting a dog? ___ Yes ___ No ___ Unsure

Will any children in your home be responsible to caring for this dog? ___ Yes ___ No

If YES, please describe what they would be responsible for. _____

Are there a lot of children in your neighbourhood? ___ Yes ___ No

Are you visited by children? ___ Yes, frequently ___ Yes, Sometimes ___ No

If YES to either of the above two questions, do any of them have access to your yard/kennel/house when you are not home? ___ 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.

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 organization you obtained your Leo from.

If you do not own or never owned a Leo, have you ever met a Leo?

Yes No

If YES, whose? Please provide name if possible.

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 Care ...10=Strongly Dislike

Who would be the caregiver in the event of vacation / special 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 exercise a dog?

How do you intend to exercise this dog? (e.g. walking, playing, etc.)

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 health problems you would not.

Would you consider a dog that has an emotional or behavioural problem (for example separation anxiety, shyness, fear aggression, etc.) that might be controlled or cured with training, behaviour modification or the use of drugs? _____ Yes _____ No

After researching the breed, are there any traits that you would prefer to 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 important 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 challenges? Yes No

If YES, please mark an **X** in front of all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Aggression towards other dogs | <input type="checkbox"/> Under-socialization |
| <input type="checkbox"/> Fear aggression | <input type="checkbox"/> Severe under socialization (typical of Puppy Mill dogs) |
| <input type="checkbox"/> Shyness (including phobias) | |

If a Leo were placed with you and you could not keep the 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 ?** _____

