

# Adoption Application Form



Please send completed form to :

**Leo Rescue Ontario**  
Attention: Ms. Gail Bishop  
336 – 5th Line North, RR 1  
Oro Station, Ontario L0L 2E0  
Fax # : (705) 487 - 1849

\*\* Email : [Info@LeoRescueOntario.com](mailto:Info@LeoRescueOntario.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 Gail Bishop, Director & Rescue Co-ordinator at (705) 487-2517  
\*\* If you intend to email your form without a signature, please follow up by fax or mail with a signed form. 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

**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 would the dog be kept during the day?** \_\_\_\_\_

**Where would the dog be kept at night?** \_\_\_\_\_

**Who would be the person most responsible for the dog's training and care?**

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**Who would be the caregiver in the event of vacation / special circumstances?**

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**If you were to move, what would you do with the dog?**

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**What would be a reasonable amount of time per day that you could exercise a dog?**

Describe what form of exercise (e.g., walking, playing, retrieving, etc.)

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**What adjustments might you need to make to your present lifestyle in order to accommodate a dog?**

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**Please describe your experience with dogs with respect to raising, housetraining, etc.**

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**Have you been involved in dog-related activities? ( Puppy / Obedience classes )**

If so, please let us know which activities and organizations you are/were involved with.

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**Describe your attitudes towards training a dog or modifying unwanted behaviours.**

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**Would you be willing to attend educational seminars/classes to improve your knowledge of dog behaviour?**

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**What experience have you had with Leonbergers? And are you aware of the grooming requirements of a Leonberger?**

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**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. ( Attach a separate page if necessary. )**

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**Please explain why you want to adopt a rescued dog.**

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**Which would be your preference: Male, Female, Either?**

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**What age preferences do you have?**

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**Would you be willing to adopt a senior Leonberger?**

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**Where did you hear about Leo Rescue Ontario?**

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

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

**Do you have pets other than dogs?** \_\_\_\_\_ If so, please give us details in the table below.

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

**References**

If you currently own or have owned a pet during the past five years, one reference must be a Veterinarian. Other references may include co-workers, neighbours, friends, and relatives.

**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 Ontario ?**  
If yes, please identify how you would like to help out.

**BEFORE signing and mailing this application, please check ( or mark with a " Y " ) the following statements to indicate that you have read and agree with each one.**

Agreed

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. \_\_\_\_\_

For the safety of our rescued dogs, we place them only in homes that have a securely fenced and gated area. \_\_\_\_\_

The dog must not be left alone longer than 8 hours at any given time. \_\_\_\_\_

Since all the necessary veterinarian care is provided before adoption, including all vaccinations, micro-chipping and spaying/neutering if necessary, our adoption fee for a Leonberger 8 years and under will be assessed on a case-by-case basis. \_\_\_\_\_

If the dog I adopt is too young to be spayed/neutered prior to leaving Leo Rescue Ontario, I acknowledge and agree that I will pay a deposit to Leo Rescue Ontario, which will be refunded when the dog is deemed old enough for the surgery, and once proof of spay/neuter is provided to Leo Rescue Ontario. I understand that Leo Rescue Ontario reserves the right to repossess the dog if I fail to comply with spaying/neutering the dog within a given time frame set out by Leo Rescue Ontario. \_\_\_\_\_

I acknowledge that the information contained in this form is true and correct to the best of my knowledge. I understand that any misrepresentation of fact may result in the removal of the adopted dog from my home by Leo Rescue Ontario. \_\_\_\_\_

Signature(s) of Applicant(s)

Date Signed

**Thank you for your interest in Leo Rescue Ontario.**

Confirmation of your application will be done by email or telephone. After confirmation you will be contacted again only when a suitable dog becomes available. At that time arrangements will be made for one of our co-ordinators 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.