

Animal's Name: _____

Full Name: _____

Address and Postal Code: _____

Phone: _____ Email: _____

Have you adopted from GTHS in the past? YES NO If so, when? _____

Which best describes your living environment? House Townhouse Condo Apartment Farm/Acreage Large Yard Small Yard No yard
If you have a yard, is it fully fenced? YES NO

Please list all people currently living in the home:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

** Please note, we recommend that all adults in the home meet the adopt you are hoping to adopt. **

Who will be the primary care giver for this dog?

Please list all animals currently living in the home:

Name: _____ Species: _____ Breed: _____ Age: _____ Spayed/Neutered: YES NO
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*** Our goal is to match you and your family with the best dog for your lifestyle. Help get us started! ***

These characteristics are important to me:

XL Breed Large Medium Breed Small Breed
 Long Coat Medium Coat Short Coat Non-Shedding
 Puppy (up to and including 6 months) Young Adult Adult Senior (8 years+) Other

Low Energy (0-1hrs of exercise per day) Good with Kids Suited for City Life
 Medium Energy (1-2hrs of exercise per day) Good with Dogs Suited for Farm Life
 High Energy (2-3hrs of exercise per day) Good with Small Animals Suited for a Busy Life
 Very High Energy (4+hrs of exercise per day) Good with Visitors Suited for a Quiet Life Other

Off-Leash Walking Buddy Companion for Me Companion for a Pet
 Hiking/Running Buddy Companion for Someone Else Other

The following are GTHS preferred training tools. Please indicate any of the following you'd like to learn more about:

Martingale Collar Canny Collar EZW Harness Soft Body Harness

GTHS also has a variety of post-adoption resources available for our adopters. Please be sure to let your Adoption Counselor know if you have interest in any of the following:

Loose Leash Walking Reactivity Resource Guarding Mouthing
 Separation Anxiety Crate Training Positive Reinforcement Jumping Up
 Body Language Dog-to-Dog Intros Dog-to-Cat Intros Socialization
 Indoor Enrichment

**** If you'd like a resource on something not listed above, please ask our Adoption Counselor. ****

I would be open to discussing the adoption of a dog with a medical challenge I would be open to discussing the adoption of a dog with a behaviour challenge

Applicant Signature _____ Date _____

GTHS Team Representative _____ Date _____

Thank you for choosing GTHS! • We are excited to help find you the right pet!