

### Adoption Consultation Waiver

**Animal Name:** Meg

**Animal ID:** ID HERE

**Precipitating Reason for Consult:** Aggressive behavior toward other dogs.

**Behavior Assessment Notes:** Meg is not vocal or reactive on leash. However, she has bitten another dog resulting in punctures and has attempted to bite another dog when muzzled.

#### Management Techniques:

- Meg should wear a Gentle Leader head collar while on walks. She is already very comfortable wearing it!
- Meg should actively participate in reward based training exercises while on walks.
- Meg should continue to practice wearing a basket-style muzzle. This allows her to safely eat, drink, and pant freely in comparison to other muzzles. *Meg is currently wearing a Baskerville Ultra Muzzle: Size 5.*
- Meg should wear a muzzle in situations where she may encounter other dogs in close interactions, such as at the veterinarian.
- **Meg should not participate in off leash dog-play in environments like doggy daycare or the dog park.**

By signing below, I \_\_\_\_\_, acknowledge that I have been made aware of this pet's behavior prior to and at the SHELTER NAME. I understand that while the Behavior & Training Department has made me aware of the aforementioned behavior(s), **a pet's behavior may be different in my home.** I understand the information provided to me and know that after the adoption it is my responsibility and financial obligation to provide for this pet's physical, medical, and behavioral needs, including any necessary medical treatment, for as long as I own this pet. SHELTER is not liable for this pet's behavior and I understand that SHELTER can make no guarantees as to the health or behavior of this animal.

I agree that if I have any questions or concerns regarding this pet's behavior in the future, that I will contact SHELTER AT CONTACT INFO.

Adopter Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_