

## Adoption Consultation Waiver

**Animal Name:** Rocky

**Animal ID:** A# HERE

**Precipitating Reason for Consult:** Resource guarding behavior in Rocky's previous home. In one instance, Rocky is reported to have bitten an individual, resulting in a light scratch the size of a fingernail. This individual repeatedly took toys from Rocky, despite clear warning signals given.

### Management Techniques:

- **Offer Trade-Outs.** Trading Rocky a treat in exchange for his toy or resource is a much more positive way to interact instead of just taking it from him.
- **Never forcibly remove anything from Rocky's mouth.** This is invasive and quite rude! Doing this may lead to a strained relationship between you and Rocky (or any dog for that matter).
- **"Drop It" and "Leave It".** Rocky will need to continue reinforcing these commands.
- **Reward based training.** Rocky benefits from continued obedience training through reward-based methods.
- **Never use force or punishment at any time.** Doing so will only exacerbate Rocky's guarding behavior.
- **You and Rocky are always learning!** Rocky is eligible for discounted obedience class education through the HSP Behavior & Training Department. You can register online!

By signing below, I \_\_\_\_\_, acknowledge that I have been made aware of this pet's behavior prior to and at the SHELTER. 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 CONTACT INFO.

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

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