

Pet Adoption Application

Your Contact Details

Name _____

Address _____

Suburb _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email Address _____

People living at premises: Adults _____ Children _____ Ages _____

Drivers licence or passport no (will need to sight) _____

Why do you want to adopt this pet?

Do you currently have any pets? If so, what kind?

Do your present pets (if any) have any behaviour or socialisation problems? If so, please explain:

Where do your existing pets (if any) sleep?

Have you had pets in the past? What happened to them?

Have you ever taken an animal to a shelter or released it to another party? If yes, please explain:

Does anyone in your house *not* want a new pet? If so, please explain:

Please explain who will be the main caretaker of this pet:

Have you been refused an adoption with any other breeder, rescue group or shelter? If so please explain:

To your knowledge, is anyone in your family allergic to animals? If yes, please explain:

(For a dog) Is your yard securely fenced?

(For a dog) If no one is home, where will the dog stay?

How many hours will the pet be left alone for each day?

Will the pet be allowed inside? How much of the time?

Do you agree to return the pet to us should your circumstances change or the adoption not work out?

Do you have a swimming pool?

Yes

No

(If yes) Will the pet be separately fenced away from the pool?

Yes

No

What will you do with your pet if you have to go out of town or move? Does your job require you to move or travel often? Please explain:

Do you own or rent your home?
(please tick)

Own

Rent

Are pets allowed? (please tick)

Yes

No

If you are renting, please provide us with your landlord's name and phone number for confirmation _____

How do you plan on ensuring the pet's safety outdoors?

What will you do if this pet has behaviour problems?

Under what circumstance would you give up this pet? (eg. family illness, barking or digging, high cost vet bills).

Realising that dogs and cats often live 15 years or older, are you willing to take responsibility for your pet's entire life, keeping it current on yearly shots and tests?

List medical care you would provide and how often you would provide it:

What will you do if this pet becomes ill or injured and requires expensive medical care?

What will you do if this pet becomes lost?

Is there anything else you'd like to tell us about you, your family or your interest in this pet?

Do you presently have a vet (please tick)

Yes No

If yes, please provide their name and phone number so we can contact them for a reference:

If you do not have a vet, please provide the names and phone numbers of three personal references

Name	Phone	Relationship
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By submitting this application, I agree that all the information I've provided is correct. Providing untruthful answers or failure to comply with the requirements of this application or the signed adoption contract can result in the forfeiture of the adoption.

You agree to allow us to check the references provided. We will require the successful applicant to sign an adoption agreement and allow a yard check before adoption.

We appreciate you taking the time to complete this application. Upon review and approval, we will contact you.

We reserve the right to refuse any applicant!

Signed by Applicant

Signed by Pet Owner

Date

Date