



# AUS HAIR OF THE DOG RESCUE INC

## ADOPTION ENQUIRY FORM

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE : M: \_\_\_\_\_ H: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

WHICH DOG ARE YOU INTERESTED IN? \_\_\_\_\_

WHY ARE YOU INTERESTED IN THIS PARTICULAR BREED? \_\_\_\_\_

HAVE YOU HAD ANY PREVIOUS EXPERIENCE WITH THIS BREED? YES  NO

IF YES PLEASE LIST EXPERIENCE: \_\_\_\_\_

PLEASE LIST ALL ANIMALS THAT CURRENTLY LIVE WITH YOU

IF YOU HAVE OTHER DOGS PLEASE LIST BREEDS

WHAT KIND OF TEMPERAMENT ARE YOU LOOKING FOR? (WORKING, ACTIVE, PLAYFUL, LAPDOG)

WHAT SORT OF LIFE STYLE DO YOU HAVE? (ACTIVE, SOMEWHAT ACTIVE, NOT ACTIVE)

PLEASE TELL US ABOUT THE PEOPLE THAT LIVE WITH YOU

NO OF ADULTS \_\_\_\_\_

NO OF CHILDREN \_\_\_\_\_

AGES OF CHILDREN \_\_\_\_\_

|            |                |                          |
|------------|----------------|--------------------------|
| EMPLOYMENT | FULL TIME      | <input type="checkbox"/> |
|            | PART TIME      | <input type="checkbox"/> |
|            | WORK FROM HOME | <input type="checkbox"/> |
|            | RETIRED        | <input type="checkbox"/> |
|            | STAY AT HOME   | <input type="checkbox"/> |

ARE YOU A HOME OWNER OR RENTING? \_\_\_\_\_

IF RENTING CAN YOU SUPPLY WRITTEN PERMISSION FROM YOUR AGENT/LANDLORD  Y/N

|                      |                         |                          |
|----------------------|-------------------------|--------------------------|
| HOUSING ARRANGEMENTS | HOUSE / SURBURBAN BLOCK | <input type="checkbox"/> |
|                      | APARTMENT / TOWN HOUSE  | <input type="checkbox"/> |
|                      | ACREAGE                 | <input type="checkbox"/> |
|                      | OTHER                   | <input type="checkbox"/> |

IF OTHER PLEASE SPECIFY \_\_\_\_\_

DO YOU HAVE A SECURE YARD/FENCING ?  Y/N

DO YOU OBJECT TO A HOUSE INSPECTION BY HAIR OF THE DOG ?  Y/N

|                                    |                   |                          |     |
|------------------------------------|-------------------|--------------------------|-----|
| WHERE WILL YOUR PET SLEEP AT NIGHT | INSIDE            | <input type="checkbox"/> | Y/N |
|                                    | OUTSIDE           | <input type="checkbox"/> | Y/N |
|                                    | DOGGY DOOR ACCESS | <input type="checkbox"/> | Y/N |

WHAT HAPPENS TO YOUR PETS WHEN YOU GO ON HOLIDAYS ? \_\_\_\_\_

\_\_\_\_\_

WHAT TYPE OF DIET WILL YOUR PET HAVE? PLEASE PROVIDE DETAILS

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A VET ?

Y/N

IF YES PLEASE PROVIDE CONTACT DETAILS

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IF NO WOULD YOU LIKE US TO PROVIDE YOU WITH A LIST OF RECOMMENDED VETS ?

Y/N

DO YOU AGREE IF ACCEPTED TO PROVIDE VET RECORDS OF UP TO DATE  
VACCINATIONS AND COUNCIL REGISTRATIONS FOR ALL OTHER PETS YOU OWN ?

Y/N

ARE YOU AWARE OF YOUR COUNCILS RULES AND REGULATIONS OF PET OWNERSHIP  
IN YOUR COUNCIL/CITY/SHIRE ?

Y/N

BY SUBMITTING THIS APPLICATION, I AGREE THAT ALL THE INFORMATION I HAVE  
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.

INFORMATION IN THIS APPLICATION FORM IS KEPT STRICTLY CONFIDENTIAL BY  
AUS.HAIR OF THE DOG RESCUE INC

I AGREE FOR AUS HAIR OF THE DOG RESCUE INC. TO CHECK THE REFERENCES  
PROVIDED AND DO A PROPERTY VISIT. IF SUCCESSFUL, I AGREE TO SIGN AN  
ADOPTION AGREEMENT.

WE APPRECIATE YOU TAKING THE TIME TO COMPLETE THIS APPLICATION. UPON  
REVIEW AND APPROVAL, WE WILL CONTACT YOU AS SOON AS POSSIBLE. WE RESERVE  
THE RIGHT TO REFUSE ANY APPLICANT

SIGNED BY APPLICANT (YOUR EMAIL ADDRESS IS SUFFICIENT):

DATE:

OFFICE USE ONLY

PROPERTY VISIT

Y/N

RESCUE PETS NAME

\_\_\_\_\_

REFERENCES CHECKED

Y/N

HOT DOG SIGNATURE

\_\_\_\_\_

APPROVED / NOT APPROVED

\_\_\_\_\_