










ABN 56 936 298 646

Animal Adoption Questionnaire

These questions are aimed at ensuring you realise the responsibilities involved when adding a new family member, and they help us to determine the suitability of the animal you are applying for.

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|----------------------------------------------------------------------------------------------------------------------------------------|--|-----|--------------------------|----|---------------------------------------------------|-----------------------|-----|--------------------------|--------------------------|--------------------------|--------------------------|
| Applicants Name: | | | | | | | | | | | |
| Street Address: | | | | | | | | | | | |
| Suburb: | | | | | | | | | | | |
| State: | | | | | Post Code: | | | | | | |
| Phone: | | | | | | | | | | | |
| Email: | | | | | | | | | | | |
| Driver's License Number: <i>Sighted as proof of identity.</i> | | | | | | | | | | | |
| Total Number of people living at the premises? | | | | | | | | | | | |
| Of which, how many are children (and ages)? | | | | | | | | | | | |
| Do you own or rent the property in which you will be adopting? | | | | | | | Own | <input type="checkbox"/> | Rent | <input type="checkbox"/> | |
| If you rent, do you have permission to keep animals at your residence? | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| <i>Please provide us evidence by way of a copy of your lease, acceptance email from your real estate or contact details to verify.</i> | | | | | | | | | | | |
| Will you be the main care giver of the animal you are applying for? | | | | | | | | | | | |
| Are you aware of your Council's local regulations regarding the keeping of animals? | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Do you have your own transport? | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| Do you currently have any pets? | | | | | Please list the appropriate details for each pet. | | | | | | |
| <i>Pet 1</i> | | | | | | | | | | | |
| Name: | | | | | Age: | | | | | | |
| Type: | | | | | Breed: | | | | | | |
| Temperament: | | | | | Activity Level: | | | | | | |
| Desexed? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Microchipped? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Registered? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Current Vaccinations? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any socialisation or behaviour problems? | | | | | | | | | | | |
| <i>Pet 2</i> | | | | | | | | | | | |
| Name: | | | | | Age: | | | | | | |
| Type: | | | | | Breed: | | | | | | |
| Temperament: | | | | | Activity Level: | | | | | | |
| Desexed? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Microchipped? | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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| Registered? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Current Vaccinations? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Any socialisation or behaviour problems? | | | | | | | | | |
| Are you enquiring about a particular animal? | | | | | | | | | |
| <i>If a general enquiry, please mark those which your interest may apply.</i> | | | | | | | | | |
| Dog | <input type="checkbox"/> | Cat | <input type="checkbox"/> | Either | <input type="checkbox"/> | | | | |
| Adult | <input type="checkbox"/> | Young | <input type="checkbox"/> | Either | <input type="checkbox"/> | | | | |
| Timid | <input type="checkbox"/> | Extrovert | <input type="checkbox"/> | Either | <input type="checkbox"/> | | | | |
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Either | <input type="checkbox"/> | | | | |
| Large | <input type="checkbox"/> | Small | <input type="checkbox"/> | Either | <input type="checkbox"/> | | | | |
| Are you interested in particular breeds? | | | | | | | | | |
| Why do you want to adopt an animal? Eg. A companion for yourself / friend for other pet | | | | | | | | | |
| | | | | | | | | | |
| Where do your existing pets (if any) sleep? And where will your new animal sleep? | | | | | | | | | |
| | | | | | | | | | |
| Please provide details on how securely fenced your yard is. Are the front and back yards separate? How high are the fences? What type of fencing? Are there any gaps under the fence? Will your new animal have access to the front yard when you are not at home? | | | | | | | | | |
| <i>Please provide pictures with your application.</i> | | | | | | | | | |
| | | | | | | | | | |
| If a swimming pool or pond is on the property, is this sufficiently secured so your pet/s is/are away from the area? | | | | | | | | | |
| | | | | | | | | | |
| Will your new animal be allowed inside? If so, how often? | | | | | | | | | |
| | | | | | | | | | |
| When no one is home, where will the animal be kept? Will it have shelter? Will it be with other animals, with another person, or alone? | | | | | | | | | |
| | | | | | | | | | |
| Will your new pet be integrated or separated from your family and any family pets? | | | | | | | | | |
| | | | | | | | | | |
| How many hours per day would your pets be left alone? | | | | | | | | | |
| | | | | | | | | | |
| How often and how long will you be able to exercise your new animal? | | | | | | | | | |
| | | | | | | | | | |
| Have you had any pets in the past? If yes, what happened to them? | | | | | | | | | |
| | | | | | | | | | |
| What amount of time do you think is reasonable for your new animal to adjust to your home? | | | | | | | | | |
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| Have you ever taken an animal to a shelter or released it to another party? | | | |
| | | | |
| To your knowledge, is anyone in your family allergic to animals? | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If yes, please provide details:</i> | | | |
| Has a dog/puppy contracted Parvovirus in your current home in the past 3 years? | | | |
| | | | |
| Has a cat/kitten contracted Feline Parvovirus in your current home in the past 3 years? | | | |
| | | | |
| Under what circumstance would you give up this pet? Eg. Family illness, barking, digging, shedding, allergies, moving house etc. | | | |
| | | | |
| Do you currently have a vet? If so, please provide their name and phone number so we can contact them for a reference. | | | |
| | | | |
| Additionally, one personal referee is required. | | | |
| | | | |
| If you do not have a current vet, please provide a second personal referee. | | | |
| | | | |
| Is there anything else you would like to tell us about you, your family or your interest in adopting that may assist with your application? | | | |
| | | | |
| | | | |
| Emergency Contact | | | |
| Name: | | Phone: | |
| Email Address: | | | |
| | | | |
| <i>All information provided on this form is kept in the strictest confidence and is used only in support of your application and to assist us with determining the best animals to place with you.</i> | | | |
| <i>By signing this adoption application, you understand:</i> | | | |
| <ul style="list-style-type: none">  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.  We will check the references provided.  A successful applicant will need to sign an adoption agreement prior to adoption. | | | |
| <i>By signing this adoption application, you agree:</i> | | | |
| <ul style="list-style-type: none">  You have never been convicted of animal cruelty.  You have read through and accepted the terms of this agreement.  You have answered all questions on this form truthfully and completely.  You are over the age of 18. | | | |
| <i>Please Note: We reserve the right to refuse an application. We will not enter into further correspondence regarding our decision.</i> | | | |

We do appreciate the time it has taken for you to complete an application of this length;
And hope that is has allowed you to think more about the requirements of a new animal.

Application Signed By:

| | | | | | |
|--------------|--|-------------------|--|--------------|--|
| <i>Name:</i> | | <i>Signature:</i> | | <i>Date:</i> | |
|--------------|--|-------------------|--|--------------|--|

*Please return this completed and signed application to us,
Along with a copy of your license and photos of your yard to:
admin@elliesanimalrescue.com.au*

*Upon approval of your adoption application,
We will send your details to the current carer to organise a Meet & Greet.*

OFFICE USE ONLY

| | | | | |
|-------------------------|-----|--------------------------|----|--------------------------|
| Approved Foster Carer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Approved / Declined By? | | | | |
| Approval Date? | | | | |