|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | | |
|  | |  | | | |
| **DOG NAME / DESCRIPTION:** | | | | | |
| **Address:** | |  | | | |
| **Mobile:** | |  | | | |
| **Email:** | |  | | | |
|  | | |  | | | | | | |
| **Do you own your home or rent?** | | | | | |  | | |
|  | | Owner/ occupier | | | | | | |
|  | | Rent *(if so do you have landlord approval to have a dog? Please provide a letter from your landlord to verify.* | | | | | | |
| **Your current type of dwelling:** | | | |  | | | | | |
|  | | House | | | | | | |
|  | | Unit / Duplex | | | | | | |
|  | | Apartment block | | | | | | |
|  | | Rural/ Acreage | | | | | | |
| **Is your yard fully fenced?** | | | | | | |  | | |
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| **Will your dog/s be allowed inside your home?** | |  | |
| **If your dog/s is kept outside at times what type of shelter and/or shading will be available?** | |  | |
|  | |  | |
| **How often may your pet/s need to stay alone at home?** | |  | |
|  | |  | |
| **How many hours would be the average length of time your dog/s may need to be alone at home on any one day?** | |  | |
|  | |  | |
| **How often would you be able to exercise/ walk your dog/s?** | |  | |
|  | |  | |
| **If you were away from home on holiday or an overnight trip what arrangement/s are you able to make for your pet/s to be cared for?** | |  | |
|  | |  | |
| **Do you consent to a Bush Dogs & Pups representative contacting you to arrange a mutually agreeable time to talk and/or meet?** | |  | |
| **Please add any additional information you feel is relevant to your application** | |  | |
|  | |  | |
|  | |  | |

**Please indicate by signing the below that you understand and agree to the following:**

* I agree to accept the animal in its current condition (health and behaviour). Any pre-existing medical conditions and/or behavioural matters that are known to BD&P will be disclosed and discussed with you prior to adoption, including details of veterinary care that BD&P has provided.
* I understand that for any pre-existing medical conditions which BD&P are aware of, veterinary expenses will be covered for a period agreed at time of adoption. Should your new pet require vet care for this condition you will need to contact BD&P, and we will arrange for a consultation and treatment if required at our nominated veterinary surgery. BD&P *will not reimburse expenses should you wish to have another veterinary surgery undertake the procedure unless prior approval has been provided by* BD&P *in writing.*
* If my new puppy is too young to be desexed at the time of adoption, I agree to arrange the transportation of my new pet to BD&P nominated veterinary clinic to have the procedure undertaken on the date that is arranged with you at the time of adoption. I understand that the cost of the procedure will be covered by BD&P if undertaken by the nominated vet.BD&P *will not reimburse expenses should you wish to have your own veterinary surgery undertake the procedure unless prior approval has been obtained from us in writing.*
* I agree that if I adopt a puppy that is not yet at the required age to have the 3rd and final puppy booster vaccination, I will arrange for this to obtained and cover the cost.
* I agree that as the new owner I will cover the microchip change of owner fee. I agree to keep this animal’s microchip updated and always correct.
* I agree that if at any point my situation changes throughout the lifetime of my adopted pet and I am no longer able to keep him/her or he/she is no longer suited to my household and/or lifestyle, I will never surrender or sell him/her to any other person or organisation; and will return him/her to BD&P. BD&P will provide a full refund of the adoption fee if this occurs within 4 weeks from the time of adoption.

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **NAME** |  |
| **DATE** |  |