

Dog adoption application form

Shelter:	Henderson	Manukau	Silverdale	Pukekohe	
STAFF USE ONLY					
Impound number	:	Age:			
Tagnumber:		Breed:			
Staffnumber:		Colour	:		
Property inspectio	on passed? Yes	No Date:			
1. Applicant	details				
Title:	First name:		Last name:		
Address					
Street:			Suburb:		
City:			Postcode:		
Home phone:			Mobile phone:		
Work phone:			Date of birth:		
Email:					
Occupation:					
2. Your household How many people live in your household?					
Please provide the ages of any children under 18:					
Please describe your fencing (including height and material, etc):					
What best describes your current living situation?					
Renting		Own your own home	Live with	family	
Other (please	e state)				
If renting, you req	uire your landlord's permi	ssion. You will require a land	lord's letter to proceed with app	lication.	
Landlord's name:					
Contact:					
3. Managem	ent				
What is your main	n reason for adopting a de	og?			
On a typical work day, how long might your dog be home alone for?					
Where will the dog be housed during the day?					
	og be kept at night?	·			

Where will the dog be housed when you are not at home?

How will the dog be exercised?

If you go on holiday, what will you do with your dog?

If you had to unexpectedly move, what would you do with your dog?

If your dog developed a behavioural issue, what would you do?

4. Other animals

Have you owned a dog before?

Yes No

If yes, what breeds?

Please describe the current animals in your household.

Note: A match up with your current dog/s may be required as part of the application.

5. Welfare

Do you hold a Responsible Dog Owner Licence?

Yes	No
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Are you aware of Auckland Council's Dog Management Bylaws? You are also required by law to register your dog annually and to keep your dog contained on your property.

Yes No

Adoptee's disclaimer

Please read the following information and sign at the end of this document to indicate you have understood and accept the terms and conditions of adoption from the Auckland Council Animal Shelter.

Auckland Council will not be responsible for any disease or illness that may develop after leaving the shelter. If any problems occur within a seven (7) day period, please contact the shelter immediately so that advice, treatment or a referral may be given.

Thank you for completing this form. This information will help us to adopt a suitable dog for your circumstances. Our aim is to achieve a happy outcome for the dog and for you. We reserve the right to decline this application.

Applicant's declaration

I, _______, have answered the above questions honestly. I give permission for a staff member of Auckland Council to visit my property, to conduct a property inspection and to conduct a follow-up visit to my home after I have adopted a dog from the shelter.

Signed: