

Dog adoption application form

Shelter:	Henderson	Manukau	Silverdale	Pukekohe
STAFF USE ONLY				
Impound numb	ber:	Age:		
Tagnumber:		Breed:		
Staffnumber:		Colour	:	
Property inspe	ction passed? Yes	No Date:		
1. Applicar	nt details			
Title:	First name:		Last name:	
Address				
Street:			Suburb:	
City:			Postcode:	
Home phone:			Mobile phone:	
Work phone:			Date of birth:	
Email:				
Occupation:				
2. Your hou	usehold			
How many peo	ple live in your household?			
Please provide	the ages of any children und	ler 18:		
Please describe	e your fencing (including he	ight and material, etc):		
What best desc	cribes your current living situ	uation?		
Renting	,	Own your own home	Live with	family
Other (ple	ase state)			
If renting, you r	equire your landlord's perm	nission. You will require a landle	ord's letter to proceed with appl	ication.
Landlord's nam	ne:			
Contact:				
3. Manage	ment			
What is your m	nain reason for adopting a c	dog?		
On a typical wo	ork day, how long might you	ur dog be home alone for?		
Where will the	dog be housed during the	day?		
Where will the	dog 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.
Match up Passed Failed
5. Welfare
Do you hold a Responsible Dog Owner Licence? Yes No
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,
Signed: Date:

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