
CHRISTCHURCH BORDER COLLIE HAVEN
RESCUE & REHOMING

ADOPTION APPLICATION FORM

Please fill out this questionnaire honestly and in full to be considered for adoption.

Date of application: ___/___/___

About You:

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Date of birth: ___/___/___ Age: _____ Residency Status: _____

Occupation: _____

Occupational status: (*Full time, Part time, Self employed, etc*) _____

Hours per week worked: _____

Additional carer staying on the property? (*Spouse, etc*) (if applicable)

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Date of birth: ___/___/___ Age: _____ Residency Status: _____

Occupation: _____

Occupational status: (*Full time, Part time, Self employed, etc*) _____

Hours per week worked: _____

Are you interested in a specific dog in our program?

- Yes! Name: _____
- No, but I want to be considered for future dogs

Any children living on the property? Or any regular stayers

- No
- Yes. Please provide details, including age, have they lived with pets before?

Tell us about you! Your family, what you want from your pet, previous experience etc.

Your home:

Do you own your property?

- Yes
- No (Please fill in landlord form)

Is your property full fenced?

- Yes
- No

Does your property have a pool, lake, stream etc that is not properly fenced off?

- Yes
- No

Do you plan for your dog to be a pet or working dog?

- Pet
- Working – farm
- Working – other _____

Will the dog be kept, and sleep inside or outside?

- Inside
- Outside
- Other _____

Do you consent to a property check, if your application is successful?

- Yes
- No

How many other people living on the property? (include ages)

How many other pets/animals living on the property? (animal, breed, age, social status etc)

Have you owned dogs before? If so, what breed/s?

Do you have any special formal training relating to dogs / animals? (vet, first aid, etc)

How long per day will your dog be left alone? Or, can your dog come to work with you?

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday/Sunday: _____

Other details: _____

If you were to be going away, who would be caring for your dog? *(if boarding facility, list which)*

Do you currently have a regular vet?

No, not yet

Yes!

Vet Practice name: _____ Contact #: _____

Vet name: _____ Email: _____

Dog requirements:

Do you require a dog that is fully toilet trained?

Yes

No, I can toilet train

Do you require a dog that is fully obedience trained?

Yes

No, I'm happy to continue training

Are you happy to adopt a dog that is not appropriate to live with a cat?

Yes

No, must be able to live with a cat

Are you happy to adopt a dog that is not appropriate to live with children?

Yes

No, must be able to live with kids

Are you happy to adopt a dog that requires ongoing vet care?

Yes

No

Are you happy to adopt a dog that is not appropriate to live with elderly people?

Yes

No

Are you happy to adopt a dog that is not able to be around other dogs?

Yes

No

Are you happy to adopt a dog that is disabled, deaf, blind, or other?

Yes

No

Are you happy to adopt a dog that may be timid or take time to trust new people?

- Yes
- No

Are you happy to feed your dog a species appropriate raw food diet?

- Yes
- No

Have you ever been convicted of any assault, animal cruelty, or related charges?

- No
- Yes. Please give details

Do you consent to a police check?

- Yes
- No

Do you have your own transport / driver license?

- Yes
- No

References:

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Name: _____ Relationship: _____

Contact number: _____ Email: _____

Declaration:

I, _____ confirm the information I have provided is true and correct, and understand if any information is found to be incorrect it may result in my application being terminated.

Signed: _____

Date: ____/____/____