



## PET ADOPTION APPLICATION

SouthWest Animal Rescue Service

Wattle Grove, NSW, 2173

swars@rescueteam.com

Phone: 0412162972

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Name of pet you are applying for: \_\_\_\_\_

2. Description of pet you are applying for : \_\_\_\_\_

3. Do you want this pet for: COMPANION PROTECTION GIFT  
OTHER \_\_\_\_\_

4. This pet will be without human companionship for about \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.

5. Where will your pet be kept during the day? (circle all that apply)  
INDOORS OUTDOORS PEN CRATE GARAGE  
OTHER \_\_\_\_\_

During the night? INDOORS OUTDOORS DOG PEN CRATE  
BASEMENT GARAGE OTHER \_\_\_\_\_

6. If adopting a cat, do you plan to let it outdoors? YES NO  
If yes, how often? \_\_\_\_\_

7. Residence? HOUSE APARTMENT TOWNHOUSE OTHER \_\_\_\_\_  
 I RENT \_\_\_\_\_ I OWN \_\_\_\_\_ WITH MY PARENTS \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Does your landlord allow pets? YES NO DON'T KNOW

9. Do you have a fenced yard? YES NO  
 If fenced, please describe the height and type: \_\_\_\_\_

10. Please provide the following information about your household:  
 Number of adults: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Number of children: \_\_\_\_\_ Ages: \_\_\_\_\_

11. Is anyone in your family allergic to animals? \_\_\_\_\_ CATS DOGS

12. What will you do with your pets if you move in the future: \_\_\_\_\_  
 \_\_\_\_\_

13. How much do you anticipate spending yearly to feed, vaccinate, license and provide medical care for your pet? \_\_\_\_\_

14. Would you be willing to allow us to visit your home before the adoption is completed? \_\_\_\_\_

15. Have you ever given a pet up? Why? \_\_\_\_\_

16. What type(s) of pets do you own or have owned in the last 10 years?

Name	Type/Breed	Kept Where	Age	Neutered	Sex	Still Own?
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO
				YES NO		YES NO

17. Who is (was) your veterinarian for the above animals?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

18. Who is the veterinarian that you plan to use for your new pet?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

19. Please provide a personal reference:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
20. Do you realize that a dog or cat may live 15 or more years? YES NO
21. It may take your new pet two or more weeks to adjust to its new home, especially if other pets are involved. Are you prepared to allow this much time? YES NO
22. When would you be ready to bring your new pet home if approved?  
\_\_\_\_\_

By signing below, I certify that the information I have given is true and that I recognise that any misrepresentation of the facts may result in my losing privilege of adopting a pet from All SouthWest Animal Rescue Service. I authorise investigation of all statements on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed applications must be emailed to : [swars@rescueteam.com](mailto:swars@rescueteam.com)**