

# DoggieRescue.com

ABN 098 918 471, ABN 49 098 918 471  
 2 McCowan Rd (Cnr Bloodwood Rd), Ingleside, 2101 Phone: 02 9486  
 3133 Mob: 0429 044 484  
 Fax: 02 94863136 or 02 9997 4421  
 Email: [Monika@doggierescue.com](mailto:Monika@doggierescue.com)  
 Open: 10am-5pm Tues to Sun



## Dog Adoption/Foster Questionnaire

Many of the Doggie Rescue dogs haven't had the happiest starts, and our policy is to ensure that our dogs go to homes where they will be loved and properly cared for. For this reason we make sure that each person who adopts one of our dogs is capable of and willing to accept the responsibilities of pet ownership. If you are prepared to make a lifelong commitment to one of our dogs, please take the time to complete this questionnaire so that we can match you with a dog that best suits your needs, experience and lifestyle. In some cases, more than one application is received for the adoption of a particular dog. The decision is then with DR as to which application is the most suitable for the dog in question. If the dog you apply for is adopted out to someone else, DR can, upon request, try to help you find another suitable dog to adopt. No guarantee can be given that a suitable dog can be sourced. Or keep checking [www.doggierescue.com](http://www.doggierescue.com) as we update it daily. Please note you must be over 18 to adopt a dog and fill in this questionnaire. **Adoptions by appointment only.** Thank you!

I am interested in:  Adopting a dog  Fostering a dog

Dog(s) I am interested in: .....

### About you and your family

Name: ..... Age:  18-30  30-60  60-75  75+  
 Residential address: .....  
 Home phone: ..... Work phone:.....  
 Mobile phone: ..... Email:.....  
 Names of all persons living in your household, their relationship to you and their ages: .....  
 .....  
 .....  
 Work schedule:..... Partner's work schedule:.....  
 Does any member of your family have animal-related allergies?  Yes  No  
 Are you planning a trip or holiday in the short-term?  Yes  No Do you travel a lot?  Yes  No  
 Are you a permanent resident?  Yes  No  
 Photo ID:  Driver's licence no./other photo ID ..... Expiry Date:.....  
 ID sighted and verified

### Your home

Type of residence:  House  Apartment  Townhouse  House with acreage  
 Do you  Own or  Rent? If you rent, do you have permission to keep a dog?  Yes  No  
 If you have a yard, is it  Unfenced or  Fenced? (height ....., type of fencing ....., age.....)?  
 Does your home have a pool?  Yes  No How have you made it dog proof?.....

### Your pets/companion animals

Do you currently have a dog?  Yes  No Have you previously had a dog?  Yes  No  
 Have you ever had a rescue/shelter dog?  Yes  No

#### Current Dogs:

Name and breed	Age	Sex	Desexed	How obtained? (e.g. shelter, pet shop, breeder)
		M/F	Yes/No	
		M/F	Yes/No	
		M/F	Yes/No	

#### Previous Dogs:

Breed	Where is the dog now? (e.g. deceased, rehomed, sold, lost)

Have you ever trained a dog?  Yes  No  
 If yes, what kind of training?  Basic commands  Puppy classes  Obedience classes  Dog sport or  
 Other.....  
 Do you have any other pets?  Cat(s)  Rabbit(s),  Chickens,  Other .....  
 Name of your veterinarian/vet clinic:..... Phone:.....

**Your new dog**

Why do you want a dog?  Companion  Guard dog  Dog sport/obedience  Working dog  
 Other.....  
 If a companion, whose?  You  Family  Child  Other pet  Someone else (who?).....

**Please indicate your preferences (you may select more than one option in each category):**

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either
Age:	<input type="checkbox"/> Puppy (under 12 weeks) <input type="checkbox"/> Juvenile (3- 6 months) <input type="checkbox"/> Young adult (7-18 months) <input type="checkbox"/> Adult <input type="checkbox"/> Mature (5+ years)
Size:	<input type="checkbox"/> Toy <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Giant
Activity level:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Fairly Active <input type="checkbox"/> Energetic
Coat:	<input type="checkbox"/> Low shedding (e.g. poodle) <input type="checkbox"/> short (e.g mini foxy) <input type="checkbox"/> Medium (e.g. cocker spaniel) <input type="checkbox"/> Long (e.g. Pomeranian)
Breed (s):	

Is it essential that your dog is already housetrained?  Yes  No  
 Is it essential that your dog is social with other dogs?  Yes  No  
 Is it essential that your dog is good with children?  Yes  No  
 Where will your dog sleep?  Inside (where ..... )  Outside (where..... )  
 Do you want your dog to breed and have puppies?  Yes  No  Unsure  
 How many hours will your dog be alone each week?  None  10-20hrs  20-30hrs  30-50hrs  
 Where will your dog be left when he/she is alone?  Indoors  Outdoors  Access to both  
 When you are home, where will your dog be?  Indoors  Outdoors  Access to both  
 Which areas of your home or yard will be off-limits to the dog?: .....  
 .....  
 .....  
 How will you handle your dog's exercise needs? (e.g. How often will you walk your dog and for how long?)  
 .....  
 .....  
 .....  
 If necessary, would you be willing to attend obedience or general dog training classes?  Yes  No  
 Your dog may live for more than 15 years, what would you do if you could no longer care for your dog? .....  
 .....  
 .....  
 Do you have any concerns about owning a dog?  Yes  No  
 If yes, what are your concerns?.....  
 .....  
 .....

Is there anything else you would like to tell us about yourself? .....  
 .....  
 .....  
 .....

\*\*\*\*\*

All of the information I have provided is true and correct. If any information changes, I will advise Doggie Rescue promptly.

Name:..... Date: .....  
 Signature: .....

Thankyou!