



NRAS

Northern Rivers Animal Services Inc.
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CFN: 17290

DOG ADOPTION QUESTIONNAIRE

Thank you for applying to adopt a rescue DOG and saving a life!

These questions are aimed at making sure you realise the extra responsibilities that come with owning a dog, to help determine what type of dog you are looking for, and to assist us in finding the right dog for you. We endeavour to find loving, responsible, forever homes for our animals so please answer all questions as accurately as possible.

Completion of this questionnaire **does not guarantee the adoption** of a dog from Northern Rivers Animal Services. This questionnaire is a tool designed to help NRAS source the best possible forever homes for the dogs we have in care. In some cases, more than one application is received for the adoption of an NRAS dog. The decision is then with NRAS as to which application is the most suitable.

If the application is successful, the adoption fee must be paid in full prior to the release of the dog. All NRAS dogs are subject to a two week trial. If you decide during the two week trial that you do not want to keep the dog, then when you return the dog to NRAS the **adoption fee minus \$50 is refunded**

Dog's Name (If specific interest):		DAQ is valid for 6mths	
CONTACT DETAILS			
Name			
Address		Postcode	
Phone			
Email		Date	
YOUR PREFERENCES			
Breed		Colour	
Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L
Activity Level:			
Please indicate approximately how much time you will spend with your pet each day:			
<input type="checkbox"/> Less than 2 hours	<input type="checkbox"/> 4-8 hours	<input type="checkbox"/> 8-12 hours	<input type="checkbox"/> 12+ hours
Reason you want to adopt a new pet (please tick ALL that apply)			
<input type="checkbox"/> Family companion	<input type="checkbox"/> For my children	<input type="checkbox"/> Companion for existing pet	
If the dog is for a child DO NOT expect the child to be responsible			

Other:

Can you commit to regular walks to ensure the dog is healthy, happy & socialised? Yes No

Work Status Casual/Part time Full time Retired/not working

Other:

YOUR HOME

Which best describes your living situation? (please tick ALL that apply)

Townhouse / Unit Duplex House Farm

Other: **Approximate Land size:**

A safe & secure yard is important. Please describe your fencing including height & material:

Who is the owner of the property where the dog will live?

Myself/my partner Family member Private rental Agency rental Government Housing

If you are not the property owner, **do you have consent from the home owner to keep pets at the property?**
You will be required to provide proof of home ownership or written landlord approval prior to this application being processed.

How many **children (under 18)** live or regularly stay at your home?

Age ranges of children:

Does anyone who resides in the house have **any pet allergies?** Yes No

Please list **any pets that live with you now ...**

Dog or Cat	Breed	Age	Male or Female	Desexed Yes / No	How long have you had this pet?

Are existing pets up to date with **heartworm, worm & flea control?** Yes No

Do existing **dog/s** sleep inside or outside?

Where will the **adopted dog** sleep?

Do you have a **regular Vet?** Yes No

Vet's Name: **Phone No:**

Once completed, please return this form together with proof of home ownership or landlord approval to the NRAS at 61 Piper Drive, Ballina or PO Box 447

OFFICE USE ONLY:

Entered into "Looking For ..." Database

Volunteer's Initials:

Date:

Additional comments:
