

Iron Dog Rescue
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Adoption Questionnaire

Dog(s) I am interested in:

About you and your family	
Name:	Age: <input type="checkbox"/> 18-30 <input type="checkbox"/> 30-60 <input type="checkbox"/> 60-75 <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you planning a trip or holiday in the short-term? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you travel a lot? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Photo ID: <input type="checkbox"/> Driver's licence no./other photo ID Expiry Date:.....	
<input type="checkbox"/> ID sighted and verified	

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

Your pets/companion animals				
Do you currently have a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously had a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever had a rescue/shelter dog? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?).....

Should you need to have expensive veterinary treatment done how would you source the funds to pay for the treatment?.....

Are you aware of your Local Councils rules/regulations about owning a pet ?

If you need to travel from home what arrangements can you make for the care of your pets?.....

Does your neighbours have pets?if so, what kind?.....

If your neighbour complained to you or Council about your dog how would you go about resolving your neighbours concerns?.....

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 Iron Dog Rescue.

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

