



# SHEPPARTON ANIMAL SHELTER



## ANIMAL ADOPTION QUESTIONNAIRE

Date:

### YOUR CONTACT DETAILS

Name:

Surname:

Address:

Suburb:

Post Code:

Telephone:

Mobile:

Email:

Council of residence:

### PET INTEREST

Pet you are interested in:

### YOUR FAMILY

Who are you adopting this pet for?

Myself

Family

Other

Please specify:

Who will be the primary caregiver for this pet?

Me

My partner

My child

Other Please specify:

How many people live in your home?

Number of children living at home?

Please list ages:

Pet allergies in the family:

# ANIMAL ADOPTION QUESTIONNAIRE



## YOUR HOME LIFESTYLE

What type of home do you live in?

Residential    Farm / acreage    Apartment    Townhouse / Unit    Other Please specify:

Do you?    Own    Rent    Government Housing

Do you have your landlords' permission to have pets?    Yes    No

Do need a local laws permit for more than 2 dogs or cats?    Yes    No

Where will your pet stay?

Mainly indoors    Indoor enclosure/crate    Free access (pet door)    Outdoor enclosure  
Free-roaming    Tethered / Tied up    Fenced yard (detail below)    Garage

Fencing material and height:

Where will your pet sleep at night?    Indoors    Outdoors    Enclosure

What type of shelter will your pet have?

On average, how many hours will you spend with your pet?

Weekdays:    hours    Weekends:    hours

On average, how many hours will your pet be alone?

Weekdays:    hours    Weekends:    hours

How will you comply with Greater Shepparton's 24 hours cat curfew if you adopt a cat?

## YOUR PETS

Are there other pets CURRENTLY in the household?

Type (eg: dog, cat)	Breed (eg: Staffy)	Age	Male/Female	Desexed	How long owned?

Have you owned any pets previously?

Type (eg: dog, cat)	Breed (eg: Staffy)	Age	Male/Female	Desexed	How long owned?

**Declaration** : I confirm that I have provided the Shepparton Animal Shelter with true and accurate information in my adoption questionnaire.

Adopter name

Adopter signature

# ANIMAL ADOPTION QUESTIONNAIRE



Would you consider adopting an animal with special behavioural or veterinary needs?

Yes      No      Unsure

Please note some animals may require behavioural or veterinary consultation prior to going home

Please tell us where you heard about adoptions from the Shepparton Animal Shelter?

Council website      Shepp News      Social media      Family or friend      PetStock

Other Please specify:

**Adoption Declaration** : I agree that the Shepparton Animal Shelter staff member has explained the below information to me and I have understood the conditions relating to the adoption.

Adopter name

Adopter signature

## TO BE COMPLETED BY ANIMAL SHELTER STAFF

Staff name	Date	Adoption approved / Not approved
<b>Notes</b>		
<b>Topics required to be covered before finalising adoption.</b>		
ANIMAL ADOPTION BOOKLET		
<b>GENERAL:</b> Council requirements, Local Laws, Animal Registration, Microchipping, Housing, Fencing/containment, Financial considerations		
<b>MEDICAL:</b> Dietary, Vaccination, worm/flea/heartworm treatments, stitch removal, Common health concerns		
<b>BEHAVIOURAL:</b> Settling into a new home, Introducing to children and pets, House training, Enrichment, Exercise requirements		
<b>SPECIAL ADOPTION ANIMAL?</b> Behavioural, Medical issues, Relevant handouts provided		
<b>GUARANTEE:</b> Animal Shelter Health guarantee		

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