

ADOPTION APPLICATION FORM

Name and Surname of person adopting:	AGE:	
Identity number:		
Physical address where pet will be living:		
Tel (h)	(w)	(c)
E-mail address:		
Employer:	Contact number:	
Is someone home during the day? If YES, please specify:		
If NO to the above. Please state what hours no one is home:		
REFERENCE (Must not live in the same house as you)		
Name and Surname:		
Identity number:		
Tel (h)	(w)	(c)
Address:		
E-mail address:		
Employer:	Contact number:	
VET DETAILS		
Vets name:		
Practice name:		
Tel numbers:		
E-mail address:		
Under what name did you open the account at the Vet?		
PROPERTY INFORMATION		
Is your property securely & safely enclosed?		
What type of fencing/walling do you have around your property?		
How high is the fencing/walling around the property?		
Is there a swimming pool on the property?		
If yes to the above, is it sectioned off or covered?		
Do you have a garden?	Size?	
Do you own or rent your property?		
How long have you lived at your address?		
Will this be your first pet?		
What has happened to the pets you no longer have?		

HOW MANY PETS DO YOU CURRENTLY HAVE? Please fill in details on the table below

NAME	BREED	AGE	GENDER	STERILISED?	LAST VACCINE DATE	WHERE OBTAINED?

FAMILY AND PET INFORMATION

For what purpose do you intend to adopt, ie :
Companionship, Security/Guard dog, Family pet, hunting
or companion for another pet?

Are you or anyone living with you allergic to pet hair?

Have you applied previously for a pet from another rescue organisation or shelter?

If YES to the above. Please provide name and contact number of the organisation

If you move, will you take the dog or pup with you?
If no, please explain

Are you financially able to provide good nutrition and medical care for your pet?

Where will the pup or dog sleep at night?

Where will the pup or dog spend time in the day?

Will you take responsibility and care of the dog for the rest of its life?

What age pup or dog are you wanting to adopt?

Will this pet be chained or caged?

How many children live in your home? List their ages

Have any of your companion animals passed away / crossed the rainbow bridge the past 12 months, and if so, please specify.

Have you ever had a pup/dog that has had Parvo Virus or any other contagious virus`s – if so, when?

Have you ever given an animal away? (Yes or No) If yes, please explain why you did so.

AUTHORISATION

I further declare that all information provided in this application is complete and true and I will allow a representative of Sables Creatures to carry out a home inspection

Signed and accepted by _____ (Full names) Date: _____

Signature _____

