

# K9 Rescue Group Inc.

# **Puppy Questionnaire**

Puppy Name: \_\_\_\_\_

Please fill out all questions with as much detail as possible

Personal Details		
Name:	Age:	
Street Address:		
City/Suburb:	Postcode:	
Home Phone:	Mobile:	
Email:		
Driver's licence number:	Permanent Australian Resident:  □ Yes □	No
Are you currently working: 🗆 Yes 🛛 No	If no, please specify:	
Occupation:		
Hours Worked:  □ Full time  □ Part time  □ Ca	isual $\square$ FIFO (fly in fly out) $\square$ Other – please specify	/:
Household		
Please list the number of other members t	that live in the house, their relation to you and th	eir ages:

### Living Arrangements

Do you rent or own:  □ Rent  □ Own							
Your type of dwelling: $\Box$ House with a small backyard $\Box$ House with a medium backyard							
🗆 House with a large backyard 🛛 🗆 Retirement Village 🗆 Unit 🗖 Acreage							
Is the property fenced: $\square$ Yes $\square$ No If yes, what is the height and material:							
Do you have dogs living next door? 🗆 Yes 🗆 No							
Current Pets and Previous Experience							
Have you owned a dog before?   Yes  No If yes, what breed/s?							
Have you ever owned a puppy before?   Yes  No							
What training experience have you had?							

Have you ever surrendered or returned a dog before?  $\Box$  Yes  $\Box$  No

If yes, what was the reason? \_\_\_\_\_

Please list the dog(s) you **currently** own below (not previous dogs):

	First Dog	Second Dog	
Name			
Breed			
Sex			
Age			
Sterilized?			
Vaccinated?			
How Obtained?			
Do they get along with other dogs?	□ Yes □ No	□ Yes □ No	

Do you own any other species of animals: 
Que Yes 
Que No

If yes, what species and how many? \_\_\_\_\_

### Your New Puppy

What kind of dog are you looking for? (Please give as much detail as possible regarding size, temperament, energy etc.)

For what reason are you looking to adopt a puppy? \_\_\_\_\_\_

□ Gift for Someone Else

Your	new	puppy	will	have	an	average	lifespan	of	10-15	years	or	more.	Are	you	prepared	to	make	this
comn	nitme	ent? 🗆 Y	es	□ No														

How long are you prepared to take time off to enable the puppy to adjust to its new home?

Where will your puppy be sleeping at night? 
□ Inside the house 
□ Outside

Describe the sleeping area: \_\_\_\_\_\_

Approximately how many hours a day will your puppy be left home alone? \_\_\_\_\_

Where will your puppy be when left alone?  $\Box$  Inside the House  $\Box$  Outside  $\Box$  Both

Puppies need at least 3 meals per day, who or how will you provide a mid-day meal?

What kind of exercise and mental enrichment will you and your new puppy enjoy together, and how often?

What training are you planning on doing with your new puppy?

Under what circumstances would you not keep your puppy?

How long have you been searching for a new family member? \_\_\_\_\_\_

If your puppy becomes ill or injured are you financially prepared to provide medical care? 

Yes 
No

How much do you think it will cost on a monthly basis to care for your puppy? \$\_\_\_\_\_\_

Are you prepared to bring your puppy back to K9 for its final vaccinations and sterilization? 

Yes 
No
If no, why?

## Please read the disclaimer below and sign.

#### DISCLAIMER

By completing this questionnaire, you agree that ALL information you have provided is correct, and that if any information changes you will advise K9 Rescue Group as soon as possible. You understand that providing untruthful answers or the unwillingness to provide the information requested can result in the refusal of an adoption.

For insurances purposes, it is our duty to remind you that whilst K9 Rescue Group has taken every measure to ensure your safety, you are responsible for yourself and your children while on K9 Rescue premises. Please be aware that if you have brought your dog onto K9 Rescue Group premises for the purpose of an introduction, you are solely responsible for the welfare of your dog.

Please understand that K9 Rescue Group reserves the right to refuse any application.

Potential Adopter	K9 Rescue Representative					
Signature:	Signature:					
Name:	Name:					
Date:	Date:					

Before you can adopt your new dog we will need to check off some things:

O Check your ID

O Get a copy of written rental permission (If you rent)

O Everyone in your house must meet the dog before adoption

O If you have another dog we will need to do a match-up with them. (A copy of their up-to-date vaccination certificate is required)

Thank you for taking the time to complete a K9 Rescue Group Puppy Adoption Questionnaire.

Once all applications are received, they are assessed by our trainers and team to ascertain which applicant would be the "best fit" for each puppy.

We are a small organisation that rehomes and rehabilitates over 200 dogs per year. We have been experiencing an increased demand for our services due to the rental crisis and record numbers of surrender requests.

As we are volunteer based, we are therefore only able to contact applicants that are SUCCESSFUL in securing a meet with the puppy.

We thank you for your understanding and patience during this busy time.

Kind regards

K9 Rescue Group



#### OFFICE ADMIN OR KENNEL MANAGER TO COMPLETE

IDENTIFICATION/DRIVERS LICENCE SIGHTED? □ YES □ NO RENTAL PERMISSION SIGHTED? □ YES □ NO □ NOT APPLICABLE ALL MEMBERS OF HOUSEHOLD MET DOG/S? □ YES □ NO

HOMES WITH EXISTING DOGS – SEPARATE APPO	DINTMENT TO BE MADE FOR INTRODUCTION:
DATE OF MATCHUP: APPOIN	TMENT TIME:
VISITING DOG VACCINATION SIGHTED? $\square$ YES $\square$	NO 🗆 NOT APPLICABLE
1# DOG'S NAME:	DATE OF VACCINATION:
2# DOG'S NAME:	DATE OF VACCINATION:
NOTES:	