

BYRON DOG RESCUE

Shop 4-5/19 Booyun Street, Brunswick Heads, NSW 2483

www.byrondogrescue.org.au

CFN: 18236

ABN: 33429448220

0488 415 444

(Op-shop - Weekdays 10am-5pm) **0488 415 444 or 0458 461 935** (Mon-Sat 12:00-16:00pm)

cawidogs2483@gmail.com

DOG ADOPTION APPLICATION FORM

Name:			Day phone:			
Email:			Mobile:			
House Name/No., Street:						
Suburb:	State:	NSW	Postcode:			
Do you have a landlord? No \bigcirc	Yes 🔘					
If yes, do you have permission to keep a dog on the premises? Yes Please provide contact info. for landlord: You cannot adopt a dog unless your landlord has given consent						
Type of accommodation (please select one) Apartment						
If you have a yard that would be accessible to the dog, please provide the following information: Is the property fenced? No Yes Type of fencing Min. Height of fencing Approximate size of yard(s)						
On a typical day, how many hours would the dog spend alone (hh:mm) You can expand on that if you'd like: Where would the foster dog be whilst you are at home? Where would the foster dog be whilst you are out?						
Please select any pets you already have: Dogs						
Breed	Age	Sex	Desexed?	Vaccinated?		
			Yes No	Yes O No O		
			Yes No	Yes No		
			Yes O No O	Yes O No O		
			Yes O No O	Yes O No O		
			Yes No	Yes O No O		
Who is your regular vet? (Name, address, telephone no.) May BYRON DOG RESCUE contact your vet for a reference? Yes No						



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What opportunities would the dog have to "socialise" with (e.g. attend dog school, other dogs in house, visit dog-visit dog-vi	_
Do you have children living in or regularly visiting your lifeso, how many and what ages are they?	home? Yes O No O
Puppy (under 1 yr) Adult	What gender of dog would you consider adopting? Male Female
Do you have other preferences, e.g. large, small, long-l	hair, short-hair, breed?
Are there any particular BYRON DOG RESCUE dogs the names:	hat you are interested in? If so, please give their
Have you considered the cost of: Food? Parasite protection (e.g. tick treatments, worming Veterinary expenses? Dog Minders/Kennelling?	Yes No No No Yes No No Yes No No No No
Are you willing to allow a BYRON DOG RESCUE repre etc.? Yes No	esentative to visit your home to check fencing
Do you have any other comments?	
Optional How did you hear about BYRON DOG RESCUE? Newspaper Word of mouth Internet Research	adio Other (please describe below)



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Declaration

If you do adopt a dog from BYRON DOG RESCUE, this completed Adoption Application Form will, together with a completed Adoption Agreement Form, define the terms of a contract between you and BYRON DOG RESCUE (BDR).

By signing this Adoption Application Form, you confirm that the information you have provided is correct.

Signature (applicant):	Name (applicant):	Date			
Signature (BDR agent):	Name (BDR agent):	Date			
Please sign and return to:					
•					
CAWI Op Shop 4-5/19 Booyung Street Brunswick Heads NSW 2483					
You can also email a copy to cawidogs2483@gmail.com for faster processing*.					
*NOTE: BYRON DO	G RESCUE requires your physical signature the application form.	on			
If you choose to submit your completed form via email, you still need to post us a signed copy, or come into the shop where a copy can be provided for you to sign.					
REMEMBE	R TO KEEP A COPY OF THIS FORM				
You will be contacted once we have had the opportunity to review your application.					
You have provided contact details on page 1. Of those, which is your preferred method of contact?					
	je 1. Of those, which is your preferred methor	u oi contact?			
Day Phone					
Mobile Phone					
Email					

Thank you for taking the time to complete this application.