

# Pre-adoption Dog Application



Hauraki District Council has a responsibility to see that our animals suitable for adoption go to permanent homes where they will be loved and well cared for throughout the rest of their lives. In order to achieve this, we require you to complete this form to enable us to make a decision regarding adopting an animal.

Applicants details			
<b>Full name:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Date of birth:</b>		<b>Occupation:</b>	
<b>Phone:</b>	Home:	Business:	Mobile No:
<b>Are you a permanent resident of New Zealand?</b> (Residency is required)			<input type="radio"/> Yes <input type="radio"/> No

Property details	
<b>What type of accommodation do you live in?</b>	
<input type="radio"/> House	<input type="radio"/> Flat <input type="radio"/> Farm/Lifestyle block
<input type="radio"/> Other ( <i>please explain</i> )	
<b>What best describes your current living situation?</b>	
<i>As part of our checks prior to adoption we will either check names against property titles, require your landlord's permission if you rent or your parent(s) permission if you live in their house. By signing this form, you consent to us doing these checks.</i>	
<input type="radio"/> Own your own home	<i>Name(s) on property title:</i>  <i>Phone number of person on title:</i>
<input type="radio"/> Live in rented accommodation?	<i>Landlord's name:</i>  <i>Landlord's phone number:</i>
<input type="radio"/> Live with your parent(s)?	<i>Parent(s) name:</i>  <i>Parent(s) phone number:</i>
<b>Is your property fully fenced (including driveways)?</b>	
<input type="radio"/> Yes	<i>Describe contained area:</i>
<input type="radio"/> No	

## Welfare details

**What is the main reason for you getting a dog at this time?** (ie companionship, family pet, guard dog etc.)

**How long have you been considering adopting a dog?**

**Is everyone in your home agreeable to you adopting a dog?** ☐ Yes ☐ No

**How many adults/children live in your home?**

Adults

Children

**What is the age of the children?**

## Animal ownership

**Have you previously owned dogs?** *If yes, please specify details below.*

*Please note, all dogs that live at the address will need to come in and meet with the chosen dog/puppy.*

☐ Yes ☐ No

*Breed*

*Length of time*

*What happened to the dog*

**Do you currently have any other domestic pets at home?**

*If yes, please specify details below.*

☐ Yes ☐ No

*Species*

*Breed*

*Age*

*Male/Female*

*Desexed (Y/N)*

**Do you have any livestock on your property?**

(ie. cows, sheep, goats, chickens)

☐ Yes ☐ No

Dog care		
<b>How do you intend to exercise your dog?</b>		
<b>Will the dog be kept outside?</b> <i>If yes, what type of shelter will be provided?</i>		<input type="radio"/> Yes <input type="radio"/> No
<b>Approximately how many hours per day will the dog spend at home on its own?</b>		<i>hrs</i>
<b>If you go away on holiday or are sick, please state where the dog will stay.</b>		
<b>Please indicate how much you think it may cost you to...</b>		
<i>Feed your dog per week</i>	<i>Vaccinate your dog per year</i>	<i>Register your dog per year</i>
\$	\$	\$
<b>Do you have a particular dog breed/size/age that you would like to adopt?</b>		
<b>Before and/or after adoption, an Animal Control Officer may visit you at any reasonable time to see how your new dog is settling in with you and give any advice as necessary. Do you have any objection to this?</b>		
<input type="radio"/> Yes <input type="radio"/> No		

Declaration	
<b>I declare that this information on this form is true and correct.</b>	
Signature:	Date:

Office use:		
<b>NDD Check</b>	<b>Property Check</b>	<b>Council Check</b>
<b>Comments:</b>		
Animal Control Forms – Pre-adoption Dog Application		MDN#3380137
Responsibility – AC Admin		Review date: 15/05/2023
File path: HDC/Environmental Management/Enviro Regulation/Animal Control/Administering Dog Pound Document Name: Pre-Adoption Agreement – {Applicants first name and surname} Task: Animal Inwards		