



Dog Adoption Application Form

Please fill out and send back via email to us at dog.adopt@hcc.govt.nz or hand it to the team at 217 Ellis Street, Frankton.

Application to adopt (dog's name)

We like to ensure as close to a perfect match as possible, so adoptions are not done in the order received. Adoptions are based on suitability of the family adopting and the dog available for rehoming.

Please make sure that you complete the form in full and include all relevant information. Failure to do so will result in a delayed or rejected application.



For office use only

History check ☐ Pass ☐ Fail Fencing ☐ Pass ☐ Fail

Desexing booked ☐ Date

Offered ☐ Collection date



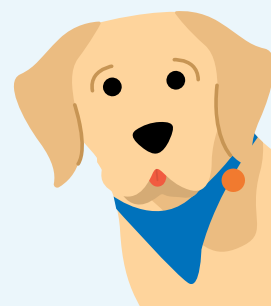
Hamilton City Council
Te kaunihera o Kirikiriroa

Applicant one

| | |
|-------------------|---|
| Full name | <input type="text"/> |
| Date of birth | <input type="text"/> |
| Address | <input type="text"/> |
| Suburb | <input type="text"/> |
| City | <input type="text"/> |
| Phone | <input type="text"/> |
| Email | <input type="text"/> |
| Employment status | <input type="radio"/> Full-time employed as a: <input type="text"/> |
| | <input type="radio"/> Part-time employed as a: <input type="text"/> |
| | <input type="radio"/> Student studying: <input type="text"/> |
| | <input type="radio"/> Retired |
| | <input type="radio"/> Stay-at-home parent |
| | <input type="radio"/> Unemployed |

Applicant two

| | |
|-------------------|---|
| Full name | <input type="text"/> |
| Date of birth | <input type="text"/> |
| Address | <input type="text"/> |
| Suburb | <input type="text"/> |
| City | <input type="text"/> |
| Phone | <input type="text"/> |
| Email | <input type="text"/> |
| Employment status | <input type="radio"/> Full-time employed as a: <input type="text"/> |
| | <input type="radio"/> Part-time employed as a: <input type="text"/> |
| | <input type="radio"/> Student studying: <input type="text"/> |
| | <input type="radio"/> Retired |
| | <input type="radio"/> Stay-at-home parent |
| | <input type="radio"/> Unemployed |



About your home and pet history

How many individuals currently reside at your property?

(Please include all household members)

Will the dog have regular interaction with any of the following?

- ☐ Children aged five years or younger
(e.g. your own children, grandchildren, or visiting children)
- ☐ Elderly individuals

- ☐ I own my home
- ☐ I am renting. If so, please provide your landlord's information:

Name:

Phone number:

Is your yard securely fenced?

(Please describe the type of fencing (e.g. wooden, wire, etc.) and the height at its lowest point.)

Do you currently have any other animals?

(Please list all pets and livestock (e.g. chickens, sheep, cows, horses, pigs, etc.)

If you have livestock, what measures will you take to ensure the safety of both the dog and your existing animals?

Have you previously owned any pets? If yes, what happened to them.

Have you ever surrendered an animal to a shelter or transferred ownership to another party?

☐ No ☐ Yes (If yes, please clarify the reasoning)

About owning a dog

Why do you want to adopt a dog?

(e.g. companionship, for children, for another pet, watchdog, etc.)

What is your experience with dog training?

- ☐ First-time dog owner
- ☐ Prefer a dog that is already trained
- ☐ Have previously trained dogs in obedience

Do you currently own any dogs?

(If yes, please complete the following for each dog)

| | | | | |
|-------------|--|-------------|---------------------------|------------------------------|
| Name: | <input type="text"/> | Vaccinated? | <input type="radio"/> Yes | <input type="radio"/> No |
| Breed: | <input type="text"/> | Age: | <input type="text"/> | |
| Sex: | <input type="text"/> | Desexed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Registered? | <input type="radio"/> Yes <input type="radio"/> No | Tag No.: | <input type="text"/> | Expiry: <input type="text"/> |
| Council: | <input type="text"/> | | | |

| | | | | |
|-------------|--|-------------|---------------------------|------------------------------|
| Name: | <input type="text"/> | Vaccinated? | <input type="radio"/> Yes | <input type="radio"/> No |
| Breed: | <input type="text"/> | Age: | <input type="text"/> | |
| Sex: | <input type="text"/> | Desexed? | <input type="radio"/> Yes | <input type="radio"/> No |
| Registered? | <input type="radio"/> Yes <input type="radio"/> No | Tag No.: | <input type="text"/> | Expiry: <input type="text"/> |
| Council: | <input type="text"/> | | | |



Do you prefer an inside or outside dog?

(If outside, will the dog be allowed indoors at times, e.g. evenings when someone is home?)

What areas will the dog have access to (inside/outside)? Where will the dog sleep?

How many hours per day will the dog be alone without human company?

Would you consider doggy daycare or similar services if needed?

☐ Yes

☐ No

When no one is home, where will the dog stay?

(If outside, what type of shelter will be provided?)

How often will you walk the dog? Duration, frequency, and whether on or off-lead?

Under what circumstances would you consider rehoming this dog?

About you

Tell us about yourself, your family and lifestyle.

Declarations and consent

- ☐ I consent to Council checks on any records related to dogs I have owned.
- ☐ I consent to Council confirming property ownership.
- ☐ I understand the dog's behaviour around other animals (e.g. cats, livestock) cannot be guaranteed.
- ☐ I understand that if my application is successful I will be responsible for the welfare and wellbeing of this dog, and therefore let Council know of any matter which may arise.
- ☐ I understand Council may decline my application at their discretion.
- ☐ I understand this application does not obligate me to adopt a dog.

Signed:

Date:

Thank you for taking the time to complete this application. Once reviewed and approved, we will be in touch with you as soon as possible.

