



DATE: _____

ADOPTION APPLICATION FORM

The purpose of this application is to assist us in placing the correct dog in the perfect home. We trust that you have viewed our album. If you are interested in adopting please complete the application form and email to sabassetadoptions@gmail.com.

Please complete ALL the required information.

PLEASE PROVIDE PROOF OF RESIDENCE ON COMPLETION OF APPLICATION

PERSONAL DETAILS

SURNAME

FIRST NAMES

ID NUMBER

ADDRESS

E-MAIL ADDRESS

PHONE NUMBERS

HOME
WORK
CELL

NUMBER OF FAMILY MEMBERS IN HOUSEHOLD

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NUMBER OF CHILDREN IN HOUSEHOLD AND AGES

PROPERTY DESCRIPTION

GARDEN SIZE

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IS THERE SOMEONE HOME DURING THE DAY? If yes, who?

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DO YOU RENT OR OWN

RENT		OWN	
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IF YOU RENT, DO YOU HAVE THE LANDLORD'S PERMISSION TO KEEP A DOG/S?

YES		NO	
NOT APPLICABLE			

If you are living in a townhouse complex or sectional title, we require written proof from the Body Corporate that you are allowed to keep dogs at your residence prior to the adoption.

HOUSEHOLD SETTING

URBAN		RURAL	
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IS YOUR YARD/GARDEN FENCED/WALLED

YES		NO	
BRIEF DESCRIPTION (height etc) Type of fencing or walling			

IS THERE A POOL?

Yes		No	
Is the pool fenced?		Does the pool have a cover?	

OTHER IMPORTANT INFORMATION

FOR WHAT PURPOSE ARE YOU ADOPTING A DOG?

Companionship	
Guard dog	
Working dog	
Obedience trials/training	
Search & Rescue	
Family pet	

DO YOU INTEND TO KEEP THE DOG

OUTDOORS		INDOORS	
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WHAT ARE THE SLEEPING ARRANGEMENTS FOR THE DOG?

Inside the house	
Kennel	
Garage or stoep (specify)	
Other	

DO YOU HAVE AN EXISTING VET? IF YES, WHO?

YES		NO	
NAME AND CONTACT DETAILS			

WILL YOU BE WILLING TO HAVE A RESCUE REPRESENTATIVE VISIT YOUR HOME?

YES		NO	
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DO YOU OWN ANY OTHER PETS? *PLEASE PROVIDE PROOF OF STERILISATION*

YES		NO	
IF SO, WHAT KIND OF PETS, AGES AND ARE THEY STERILISED? Please list each animal, age, sex and whether they are sterilised.			
PROOF ATTACHED?			

DO YOU BREED ANY OF YOUR PETS?

YES		NO	
IF SO, ARE YOU A REGISTERED BREEDER?			

HAVE YOU EVER SURRENDERED ANY OF YOUR ANIMALS IN THE PAST?

YES		NO	
IF SO, PLEASE PROVIDE REASONS?			

ARE YOU PLANNING TO MOVE IN THE NEAR FUTURE?

YES		NO	
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WHO CARES FOR YOUR PETS WHILST YOU ARE AWAY ON VACATION OR BUSINESS?

REGISTERED BOARDING KENNELS	NAME:
DOMESTIC WORKER	
FAMILY	
NEIGHBOURS	
OTHER (please specify)	

DESIRED DOG CHARACTERISTICS

Which dog are you interested in adopting?	
Would you consider another dog?	
Gender preference	
Have you read our "Basset in a Nutshell" document?	

FOR OFFICE USE ONLY

Dog adopted on date	
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Sterilised	
Microchipped	Number :
Vaccinated 5-in-1	
De-wormed	
Rabies	
Kennel Cough	
By which vet?	
Date	

If a puppy, when is sterilisation date due :	DATE FOR STERILISATION:
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Dog was from (specify and owners details)
Stray
Emigration case
Down-sizing
Hand-over
Puppy
Unwanted
Other shelter

Property Checker	Name:
Date check was done	