



**email:** [aran.rescue.nz@gmail.com](mailto:aran.rescue.nz@gmail.com)  
**or message via our Facebook page:**  
<https://www.facebook.com/AranRescueNZ>

## Questionnaire for Potential Adopters

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **cellphone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Do you have children living at home? If yes, what are their ages?** \_\_\_\_\_

**Have they had previous interaction with dogs?** Yes  No

**Do you have your own resident dog(s)?** Yes  No

**If yes, are they desexed?** Yes  No

**Breed type** \_\_\_\_\_ **Size:** Large  Medium  Small

**Do you have cat(s)?** Yes  No  **If yes, are they timid or will they stand their ground with a**

**dog?** \_\_\_\_\_ **Age of cat(s)** \_\_\_\_\_

**What other pets do you have in the home? Please list:** \_\_\_\_\_

**Are they all up to date with their vaccinations?** Yes  No

**Your Veterinarian's contact details:** \_\_\_\_\_

**Do you rent or own your property?** \_\_\_\_\_

**If renting, please add your landlord's name and contact details:**

**Have you received permission from your landlord to have a dog on the property?** Yes  No

**Is this where the dog will live with you?** \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

What happens to the dog if you move? \_\_\_\_\_

Is your section completely fenced and able to contain your dog securely? Yes  No

Please describe height and type of fencing: \_\_\_\_\_

*An ARAN representative will contact you to arrange a visit to ensure the dog is unable to escape.*

How many hours per day will the dog be home alone? \_\_\_\_\_ How many days a week? \_\_\_\_\_

Where will the dog be kept during that time? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

*Please note that all ARAN Animal Rescue dogs are inside dogs.*

How much exercise will your dog get? \_\_\_\_\_

Does anyone in the household have allergies? \_\_\_\_\_

Does anyone in the household have asthma? \_\_\_\_\_

Have you or anyone in your household ever been convicted of animal cruelty, neglect or abandonment? Yes  No  If yes, please give details:

\_\_\_\_\_

In the past 10 years, have you had any criminal charge or conviction against you? Yes  No

Have you ever had to give up a pet? Yes  No  If yes, please give details:

\_\_\_\_\_

Are there any other comments you would like to make? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ certify that all information provided on this form is true. I give permission to ARAN Animal Rescue to verify information as needed. I understand that a home check is mandatory prior to adopting a pet. Any false statement will terminate potential adoption.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_