



**CAWI**

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

**www.cawi.org.au**

**CFN: 18236**

**ABN: 33429448220**

**02 6685 1444**

**(Op-shop - Weekdays 10am-5pm)**

**0488 415 444 or 0458 461 935**

**(Mon-Sat 12:00-16:00pm)**

**cawidogs@hotmail.com**

## **DOG ADOPTION APPLICATION FORM**

Name:

Day phone:

Email:

Mobile:

House Name/No., Street:

Suburb:

State:

Postcode:

Do you have a landlord?    No                      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      House      Acreage      Other

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      Cats      Chickens      Guinea pig

Other (please elaborate)

Please provide details of any dogs you own

Breed	Age	Sex	Desexed?		Vaccinated?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Who is your regular vet? (Name, address, telephone no.)

May CAWI contact your vet for a reference?    Yes                      No



**CAWI**

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

**www.cawi.org.au**

**CFN: 18236**

**ABN: 33429448220**

**02 6685 1444**

(Op-shop - Weekdays 10am-5pm)

**0488 415 444 or 0458 461 935**

(Mon-Sat 12:00-16:00pm)

**cawidogs@hotmail.com**

What opportunities would the dog have to “socialise” with other dogs?  
(e.g. attend dog school, other dogs in house, visit dog-walking beaches...)

Do you have children living in or regularly visiting your home?      Yes                  No  
If so, how many and what ages are they?

**What age of dog would you consider adopting?**

Puppy (under 1 yr)

Adult

Mature (over 7 yrs)

**What gender of dog would you consider adopting?**

Male

Female

Do you have other preferences, e.g. large, small, long-hair, short-hair, breed?

Are there any particular CAWI dogs that you are interested in? If so, please give their names:

Have you considered the cost of:

Food?	Yes	No
Parasite protection (e.g. tick treatments, worming tablets)?	Yes	No
Veterinary expenses?	Yes	No
Dog Minders/Kennelling?	Yes	No

Are you willing to allow a CAWI representative to visit your home to check fencing etc.?      Yes      No

Do you have any other comments?

**Optional**

How did you hear about CAWI?

Newspaper      Word of mouth      Internet      Radio      Other (please describe below)



**CAWI**  
**Shop 4-5/19 Booyun Street,**  
**Brunswick Heads,**  
**NSW 2483**  
**www.cawi.org.au**  
**CFN: 18236**  
**ABN: 33429448220**

**02 6685 1444**  
**(Op-shop - Weekdays 10am-5pm)**  
**0488 415 444 or 0458 461 935**  
**(Mon-Sat 12:00-16:00pm)**  
**cawidogs@hotmail.com**

**Declaration**

If you do adopt a dog from CAWI, this completed Adoption Application Form will, together with a completed Adoption Agreement Form, define the terms of a contract between you and CAWI.

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

Signature (applicant): ..... Name (applicant): ..... Date .....

Signature (CAWI agent): ..... Name (CAWI 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 [cawidogs@hotmail.com](mailto:cawidogs@hotmail.com) for faster processing\*.

**\*NOTE: CAWI requires your physical signature on the application form.**

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.

**REMEMBER 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?

Day Phone

Mobile Phone

Email

**Thank you for taking the time to complete this application.**