



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)

cawidogs2483@gmail.com

DOG ADOPTION APPLICATION FORM

Name:

Day phone:

Email:

Mobile:

House Name/No., Street:

Suburb:

State: NSW

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 <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
			Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

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

May CAWI contact your vet for a reference? Yes No



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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 <input type="radio"/>	No <input type="radio"/>
Parasite protection (e.g. tick treatments, worming tablets)?	Yes <input type="radio"/>	No <input type="radio"/>
Veterinary expenses?	Yes <input type="radio"/>	No <input type="radio"/>
Dog Minders/Kennelling?	Yes <input type="radio"/>	No <input type="radio"/>

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)



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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 cawidogs2483@gmail.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.