

EXPRESSION OF INTEREST – ADOPTION OF ANIMAL FROM SINGLETON COUNCIL ANIMAL MANAGEMENT FACILITY

1. Applicant Details

Name/s				
Postal Address				
Suburb		State		Post code
Contact phone number		Mobile number		
Email address				

2. Suitability

Please read the following questions carefully and answer accurately as only suitable applications will be contacted after review.

Animal interested in adopting			
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide age/s	
Do you have other pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list below the breed, age and if the pet is desexed and vaccinated	
Do you rent or own your home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own		
If renting, do you have landlord permission to have a pet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What sort of fencing do you have?			
How big is your yard?			
How often will you exercise your pet?			
How many hours per day will your pet be home alone?			
A yard inspection is required as part of the application process. Do you agree to this?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Applicant Declaration

☐ I declare that all information submitted in this form and the attachments is accurate to the best of my knowledge

Applicant's Name	Applicant's Signature	Date

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