

NAME/RESCUE/TAG NUMBER OF THE PET YOU WISH TO ADOPT:		
CONTACT INFORMATION		
First Name:		
Surname:		
Date of Birth:		
Email:		
Phone No (Inc country code):		
Mobile No (Inc country code):		
Address in full:		
Do you agree to a pre-scheduled home check (if necessary)?		
 No Yes (what days of the week and times are suitable?) 		
FAMILY & HOUSING		
Occupation:		
Employer & Contact Info:		





Position within employment:
What is your work schedule? How many hours are you away from home on an average work week?
Where will your pet be kept during the time you are not in?
How many hours on average will your cat be left alone?
Where will your pet be sleeping during the night?
How many adults are there in your family?
How many children and what are their ages, if any are present?
What type of home do you live in?

What type of home do you live in?

- Apartment (how many bedrooms?
- Townhouse/Terraced
- Semi detached Villa/House
- Detached Villa/House
- Farm





Do you	own o	r rent	your	home?
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- Own
- Rent

If you rent, do you have written permission from the landlord to hold pets?

- Yes (written permission must be presented)
- No

Does the property have a yard?

- Yes
- No

If YES, is it fenced? Please describe (with measurements)

If NO, how will you confine and exercise your dog?? (please give details)

If you rent, please provide your landlord's info here:

Please describe your home from the point of view of activity levels:

- Active
- Noisy
- Quiet
- Average

How long have you lived at your current address?





Are you planning on moving in the hear future:
Do you have a swimming pool? If so, would your pet have access to it??NoYes
Does anyone in your family have a known allergy to dogs?
When not home, would you leave your dog in a crate or in the house?
OTHER PETS
Do you own any pets?YESNO
If YES, then please give following details:
Name of the pet:
Species (canine, feline, avian, etc):
Breed:





Breed:
Age:
Disposition towards cats:
Current vet's name and contact details:
Are you aware that your dog might need medical care at some stage in his/her life and are

Are you aware that your dog might need medical care at some stage in his/her life and are you prepared to support the expenses potentially incurred?

- Yes
- No

If you move house or must move to another country, what will happen to your dog?

If you go on holiday, can you make provisions for your pet to be looked after? (Please ask for details on our boarding service, we can help)

- Yes
- No

Have you ever taken an animal to a shelter?

- Yes
- No

Have you previously owned pets?

- Yes
- No





Are your other	pets up	to date	with vaccines?
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- Yes
- No

• NO
Are your other pets spayed/neutered? If not, why?
Have you ever lost a pet to an accident?
ABOUT THE CAT YOU WISH TO ADOPT
Why do you want this dog?
Who will have primary responsibility for this dog's daily care?
Do you agree to provide regular health care by a licensed veterinarian?
Do you agree to keep the dog as an indoor pet?





Are you aware of the fact that according to the law, in Cyprus NO dog must be kept chained up?

Do you agree to contact us if you can no longer keep the dog?

Do you agree to send us updates and pictures of your adopted pet?

- Yes
- No





TERMS AND CONDITIONS

All of the information I have given is true and complete.

This dog will reside in my house as a pet, I will provide it with good quality food as per my financial means, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed veterinarian.

I agree to not sell, trade or surrender this pet to anyone without giving prior notice to Animal Rescue Cyprus.

I agree that the rescue may reclaim the dog if I can no longer keep it. I agree that the adoption fee is non-refundable and there is no reimbursement if the adoption does not work out.

I agree that all expenses of my dog after I take possession will be my responsibility and Animal Rescue Cyprus is released of any liabilities.

Name:	
Adopters Signature:	Date:





Address: 12 Dedalos Building, 8049 Kato Paphos, Cyprus

Clinic: 26946461, Fax: 26222236 24H Emergency: 99655581

E-mail: sponsor@cyprusanimalwelfare.com

