

Contact Information

First Name:	Last Name:	Age:
Co-owner First Name:	Co-owner Last Name:	Age:
Telephone (day):	Telephone (home):	Cell:
Address:	City:	State:
E-Mail Address:		
Name of dog(s) you are applying for:		

Questionnaire

Number and ages of children living with you:
Why do you want a rescued Aussie?
Previous experience with Aussies?
Describe your idea of a great Aussie.
Have you owned other dogs before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, for how long and why do you no longer own them?
Pets presently at home, include breed, age and sex of dog:
What veterinary hospital do you currently use or have you used in the past?
Can we contact them as a reference on care of your current or prior pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the pets you have at home spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever owned a dog with behavior or training problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how did you deal with the problems?
Have you ever trained a dog for obedience or any other dog sport or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to what level did you train, where did you train (name of trainer or school) and when?
Do you have any strong preference as to the age of the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please explain:
Do you have a strong preference as to the sex of the dog (all dogs are spayed or neutered)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:
Are you committed to caring for this dog for his/her lifetime (about 15 years)?
What is your plan if you become unable for whatever reason to take care of your Aussie?

Application Form

Have you ever had a dog put to sleep or given him/her away? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain:	
Do you understand that Aussies are active dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No What type of activities do you plan to do with your Aussie?	
Will the dog be inside/outside during the day?	At night?
Will anyone be home with the dog during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Daily work hours?	
Do you have a Doggie Door? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, type of fencing and height?	
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
You live in: <input type="checkbox"/> Own home <input type="checkbox"/> Rental home <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	
I am willing to pay an adoption fee?	

References

First Name:	Last Name:
Telephone (day):	Telephone (home):

First Name:	Last Name:
Telephone (day):	Telephone (home):

By applying to meet an AAFR dog, I will not hold AAFR or any member thereof, responsible for any damage, injury or harm caused directly or indirectly by any dog I or a family member may decide to meet at any location.

Signature:	Date:
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Please email your application to: jane@aussiefriendsrescue.com

Or mail to:
Aussie and Friends Rescue
P O Box 121
Payson, AZ 85547

We thank you for your interest in giving a Aussie a second chance at a wonderful life. You will be contacted once your application has been reviewed for further information.