



QUESTIONNAIRE

PLEASE READ THIS QUESTIONNAIRE CAREFULLY.

*This Questionnaire is designed with the sole purpose of protecting the animal that you will be adopting.
Thank you for your understanding and cooperation.*

DETAILS OF ADOPTER			
Name of Adopter:		NRIC Number:	
Home Address:			
Contact Number:	(Mobile)	(Home)	
Email Address:			
Questions			
1.	<u>Property Type? (HDB/Condo/Landed)</u> <u>Property Own or Rent?</u> <u>Property Owner Name and Contact No.?</u> <u>How long have you lived here?</u>		
2.	<u>How many people will be living with Pet in the household?</u> <u>How many are Adults (21 years old and above)?</u> <u>How many are Children (below 21 years old)?</u> <u>Age of the Child/Children? (List it)</u>		
3.	<u>Do you currently have other pet or pets at home? What kind or type of pet or pets?</u>		

	<p><u>Do you have any experience with puppy or dog?</u></p> <p><u>Who will be the main caregiver for the puppy or dog at home?</u></p>
4.	<p><u>What is your purpose of having a Pet/Dog?</u></p> <p><u>Do you allow the Pet to roam freely around your house/flat?</u></p> <p><u>Do you have the patience to slowly toilet train your dog?</u></p>
5.	<p><u>Do you have the financial ability to upkeep a Pet?</u></p> <p><u>Will you send your Pet to a vet for medical attention when it falls sick?</u></p> <p><u>Will you send your Pet for annual vaccination?</u></p>
6.	<p><u>Will you treat your Pet as a family member?</u></p> <p><u>Will you abandon or give away your Pet when it is old and sick?</u></p>

SIGNED BY THE ADOPTER
Name:
Date: