



**CENTRAL
COAST**
Animal Care Facility

Expression of Interest Form

Date:	
Animal's Name:	

Your Details:

Name:				
Address:				
Suburb:				
State:	Postcode:			
Home Phone:	Mobile Phone:	Email:		
Are you over 18? Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Employment status Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Not working <input type="checkbox"/>	Studying <input type="checkbox"/>	Work from home <input type="checkbox"/>
Other – pls specify				
How many adults in your family?	Ages:			
How many kids in your family?	Ages:			
Do you have any existing pets, if yes list type and breed/age:				
Where do you live? House <input type="checkbox"/>	Apartment/Unit <input type="checkbox"/>	Rural Property <input type="checkbox"/>		
Do you own or rent? Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Do you have permission from your landlord to have pets? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FOLLOWING SECTION NOT REQUIRED FOR CATS				
How would you describe your yard?				
Small <input type="checkbox"/>	Medium <input type="checkbox"/>	Large <input type="checkbox"/>	Rural Property <input type="checkbox"/>	
Is your yard securely fenced? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Not, Why Not?		
Please describe your type of fencing (Wooden, Colorbond, Wire etc)				
How high is your fence (ie 6 Foot)				
Do you consent to a yard check at your property should the adoption proceed? (We just want to make sure your fences are secure and there is nothing your new pet could hurt themselves on etc)				
Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Please Note:

We appreciate you taking the time to complete this expression of interest. Any information you have provided will be treated strictly confidential.
By submitting this application, I agree that the above information is true and correct and that I acknowledge that I will be required to provide the facility with full access to a yard check before my adoption will be considered. I also acknowledge that Central Coast Animal Care Facility (CCACF) reserves the right to refuse any applicant or application.

Signature: _____