



# UNIÃO ZOÓFILA

## ASSOCIAÇÃO DE PROTECÇÃO DE ANIMAIS

INSTITUIÇÃO DE UTILIDADE PÚBLICA APROVADA POR ALVARÁ DE 1952/07/05

Sede: Rua Padre Carlos dos Santos - Alto das Furnas - 1500-901 LISBOA (PORTUGAL)

Contribuinte: 500 904 464



## Adoption Application

### PERSONAL DETAILS

Complete Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### HOUSEHOLD

Who do you live with: \_\_\_\_\_  
Ages: \_\_\_\_\_  
Professions: \_\_\_\_\_

### ANIMALS THAT YOU CURRENTLY HAVE

Species and Quantity: Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Others: \_\_\_\_\_  
Ages: \_\_\_\_\_ Sterylized: \_\_\_\_\_

Adopted at na Association / Rescued from the municipal kennel / Bought from a dog breeder / Bought from a pet shop / Rescued from the street / Litter of animals, from friends or family – **Specify please:** \_\_\_\_\_

### ANIMAL TO ADOPT

Dog  Cat

1. **Name or reference of the animal you wish to adopt** (In case already chosen):

\_\_\_\_\_

**Or, which kind of animal are you looking for? Age, size, etc.:**

\_\_\_\_\_

\_\_\_\_\_

2. **What kind of characteristics do you value in a Dog/Cat:**

\_\_\_\_\_

\_\_\_\_\_

3. **How's your life style, in which activities you would like to include your animal?**

\_\_\_\_\_



4. How would your animal's day-to-day life look like, where will you spend most of the time and how many hours need to be alone?

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**DOG** – How many times you want to take your dog for a walk ? How long?

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5. The animal would have access to which divisions of the house ? Where will he sleep?

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6. What are your plans for the animal when you need to go on vacation or travel?

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7. You know a trusted Veterinarian to accompany your dog / cat? What is the doctor and clinic called?

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8. You had animals as a child or already adult? What did you liked most about them? Are they still with you, what happen to them?

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9. What worries you or gets you unsecure about adopting a dog/cat?

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10. Which behaviours from your animal, you wouldn't accept or would be difficult to manage ?

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11. How will you handle with undesired behaviours from:

**Dog** (Chewing, ripping, physiological needs at home, barking, whining or be restless)

**Cat** (scratching,meowing, arranhar, physiological needs out of the area)

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12. **DOG – Would you be able to use a professional canine trainer to help solve certain behaviors mentioned above? Have you used any in the past? Did you get the desired results?**

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13. **When have you decided to adopt an Animal and what made you decide?**

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14. **What would you do in case your life changed and became difficult for you to maintain this animal?**

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15. **Have you ever had to separate of an animal because of “Force Majeure” reasons? What happened?**

**To whom have you delivered the animal? You have news of him?**

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16. **Anyone in your family is afraid of animal or as allergies that should be taken in account when choosing the animal?**

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### **HOUSING**

**You live in an apartment?**  Yes  No

**If you live in a house or farm, the exterior space has a closed fence?**

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**The balconies are open or closed?** \_\_\_\_\_

**The Windows have protection net?** \_\_\_\_\_

**What changes you need to do to make your housing safe for your animal?**

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**Date:** \_\_\_\_\_