

DOG ADOPTION QUESTIONNAIRE FORM

APPLICANTS MUST BE OVER THE AGE OF 18 YEARS

OFFICE USE	Temp Res	Full Res	Website
Res date	Date given to home checker	Home checkers name tel no.	FAIL
DOGS NAME		BREED	Need work carried out
FEE £	DEPOSIT £	FEE LESS DEPOSIT £	PASS

£15.00 deposit required when full reserve is put on (non refundable)

DATE OF APPLICATION _____

TITLE _____	FORNAME _____	SURNAME _____
FULL ADDRESS _____		
_____ TOWN _____		COUNTY _____
POST CODE _____	TEL NO. _____	MOBILE NO. _____
OCCUPATION _____		PARTNERS OCCUPATION _____
PART / FULL / SHIFT _____	PART / FULL / SHIFT _____	

#DO YOU RECEIVE INCOME SUPPORT OR JOB SEEKERS ALLOWANCE _____
IS YOUR PROPERTY OWNED / RENTED IS IT A HOUSE / FLAT / OTHER (CIRCLE) _____
#DO YOU HAVE YOUR LANDLORDS PERMISSION TO OWN A DOG _____ Written Letter Required
HOW HIGH IS THE FENCE AT ITS LOWEST POINT _____
CAN YOU MAKE IT HIGHER IF NEEDED _____
#DO YOU HAVE DIRECT ACCESS TO A GARDEN _____ HOW BIG _____
#IS THE GARDEN FULLY SECURE _____ PRIVATE / SHARED (circle)

#IS THERE ANY BABIES EXPECTED IN THE HOUSEHOLD IN THE NEXT FEW YEARS _____
ARE YOU LIKELY TO CHANGE JOBS IN THE NEXT FEW YEARS _____
HOW MANY PEOPLE WILL BE LIVING AT THE PROPERTY ADULTS _____ (OVER 18 YEARS OLD)
#AGES OF CHILDREN LIVING AT PROPERTY _____
#AGES OF CHILDREN WHO VISIT REGULARLY _____ HOW OFTEN _____
#ARE YOU GOING AWAY FOR ANY REASON IN THE NEXT FEW MONTHS _____
#WHERE WILL THE DOG STAY WHILE YOU ARE AWAY / ON HOLIDAY _____
WILL YOU BE WILLING TO TAKE OT PET INSURANCE YES / NO / MAYBE (CIRCLE) _____

#HAS ANYONE OR IS ANYONE ALLERGIC TO DOGS IN THE HOUSEHOLD YES / NO
GIVE DETAILS :- _____
HAVE YOU OWNED A DOG BEFORE, IF SO WHAT TYPE _____
#DO YOU CURRENTLY HAVE ANY ANIMALS PLEASE LIST (SPECIES / AGE /SEX) _____
ARE THEY NEUTERED YES / NO WHEN WHERE THEY LAST VACCINATED _____

HAVE YOU EVER HAD A DOG WITH BEHAVIOUR PROBLEMS, IF SO WHAT _____
HOW DID YOU DEAL WITH THIS PROBLEM _____
WHAT LEVEL OF BEHAVIOURAL PROBLEM DO YOU FEEL EXPERIENCED ENOUGH TO DEAL WITH FROM A RESCUE DOG (WITH HELP) BASIC / INTERMEDIATE / ADVANCED
#ON AN AVERAGE DAY HOW LONG WILL THE DOG BE LEFT _____
#HOW OFTEN WILL THE DOG BE EXERCISED / WALKED _____
WHERE WOULD THE DOG STAY WHILE YOU ARE OUT _____
NAME OF VETERINARY PRACTICE _____ TRAINER _____
WHAT BREED OF DOG ARE YOU LOOKING TO ADOPT _____
SIZE _____ SEX _____ AGE _____
NAME OF DOG YOU ARE INTERESTED IN _____

