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|---|
| Are current family pets used to mixing with other dogs: |
| Can we contact your vet for a reference: |
| |
| Vet name and address: |
| Dogs details - your preferences: |
| Preferred gender: |
| Age of dog(s) considered for adoption: |
| What food to you intend to feed your dog(s): |
| Are you prepared to have your dogs) vaccinated: |
| Are you prepared to insure your dog(s): |
| Are your prepared to seek medical attention for your dogs) from a registered vet if needed: |
| And ensure flea and worm treatments are administered at regular intervals: |
| Are you aware of the financial obligations of responsible pet ownership: |
| Do any of your family members suffer from allergies: |
| Would you be attending training classes with your dog(s): |
| Apart from being a family pet, what are you considering a dog for: |
| Where would you dog sleep? in or outdoors: |
| How would you cope with the following: |
| Toilet training: |
| |
| Separation anxiety: |
| |
| Destructive behaviour: |
| |
| Basic obedience training (sit, stay, etc): |
| |
| Fearfulness: |
| |
| Aggression: |
| |
| Under what circumstances would you consider returning the dog(s): |
| |



Any other information you feel would help with your application:

Where did you find out about our rescue ?

PRINT NAME:.....

SIGNATURE:.....

DATE: / /
RESCUE CO-ORDINATOR - Tel: 07960348820
Email: ccukmr.rescue@btinternet.com



LIFE TERM CARE APPLICATION

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|---|
| Name of Prospective Adopter: |
| Address: |
| |
| Telephone no: |
| Mobile Phone Number: |
| Email Address: |
| Time at Present Address: |
| Home Ownership: |
| (Written permission from the letting agency allowing you to keep pets will be required, if rented) |
| Ages of all family members living at or regularly visiting the home if under sixteen years of age Are family or visiting children used to living with dogs: |
| |
| Occupation: |
| Maximum hours per day dog would be left alone & how often: |
| House Type: |
| Residential Area: |
| Is garden fully enclosed: |
| Is garden completely secure: |
| Fence height at it's lowest point: |
| Family experience of pet ownership and responsibility: |
| |
| Other dogs that share your home: |
| Other family pets that share your home: |
| Dogs that you have previously owned: |
| |
| Have you previously adopted a rescue dog: |
| What happened to the dogs that you have previously owned: |
| |
| Are all current family dogs neutered/spayed: |
| Are current family pets used to mixing with other dogs: |
| |
| Can we contact your vet for a reference: |
| Vet name and address: |