



LANCS EAST BRANCH

DOG ADOPTION

This questionnaire must be filled in and be checked by a member of staff before a dog can be walked, or considered for adoption.

Our main concern at the Altham R.S.P.C.A. is that the animals go to permanent new homes where they will be well cared for, for the rest of their lives. All the animals living at the Centre are here because their owners could no longer care for them. Our first duty is to the animals and we try to ensure the animal concerned is compatible with the people wishing to adopt.

PLEASE NOTE THE ANIMAL FOR ADOPTION IS THE PROPERTY OF THE R.S.P.C.A. ALTHAM BRANCH AND IS REHOMED AT OUR DISCRETION.

Interviewer _____ Date _____

Name of applicant _____

Address _____

Post code _____

Tel. No. _____ Work No. _____ Mobile No. _____

PLEASE DELETE AS APPROPRIATE

Why do you want a dog? _____

Is the above address a house / flat (if flat what floor is it on) / mobile home / other _____

Is the property private rented / council / your own _____

Are you considering moving in the near future **YES / NO**

If yes, how soon _____

Has the property a garden or yard **YES / NO**

Do you share your garden or yard with anyone else **YES / NO**

If yes, please give details _____

Is the garden or yard fully fenced with a secure gate **YES / NO**

How high is the wall or fence _____

Are you planning a holiday in the near future **YES / NO**

If yes, on what date are you going _____

Have you thought about the cost of kennels?

How many people live in your household - Adults _____ Children _____

Please specify ages of children _____

Does anyone in your household suffer from allergies to animals e.g. asthma **YES / NO**

Has the family discussed the implications of having a pet and the restrictions it may place on their lifestyle?

Do the prospective owners both work YES / NO. Does only one person work YES / NO.

What hours are worked (if night shift worker please state what time of day you rise)_____

Owner 1) Time you leave for work _____ Time you arrive home _____

Owner 2) Time you leave for work _____ Time you arrive home _____

How long will the animal be left alone each day _____ (number of hours in total)
WE DO NOT CLASS COMING HOME FOR LUNCH AS AN ACCEPTABLE BREAK.

Who will be responsible for exercising the dog _____
Have you owned a dog before YES / NO
If yes what happened to the dog _____
Are there any other pets in the household at present YES / NO
If yes please specify _____
Where applicable are your other pets vaccinated YES / NO
Where applicable are your other pets neutered YES / NO
Which Veterinary Practice will you be using _____
Are you aware of the costs involved in keeping an animal i.e. vaccinations, worming, feeding, flea control and other veterinary consultations and treatments YES / NO
PLEASE ASK ABOUT THE 6 WEEKS FREE PET INSURANCE AVAILABLE ON ADOPTION OF A DOG

If for a retired or elderly person has thought been given to the possibility of the dog outliving them and what the implications are YES / NO
Are you aware that one of our home visitors will have to visit your home YES / NO
Do you fully understand that a rescue dog may take some time to settle and will need a lot of patience, understanding and love. Also a place of his / her own where they can lie quietly and sleep.

PLEASE NOTE THE MANAGEMENT HAS THE RIGHT TO REFUSE IF IT IS FELT THE ANIMAL IS NOT SUITABLE FOR THE APPLICANT/S.
The information I have given on this form is true. I understand that any false information will invalidate this application and will result in the R.S.P.C.A. refusing this application. Applicants must be 18 years and over.

Signature(s) _____ Date _____
_____ Date _____

Thank you for your co-operation in completing this form

We would like to keep you up to date with the work of our Branch of the R.S.P.C.A. If you do not wish to receive any information please tick this box

FOR OFFICE USE ONLY

Name of dog _____ UW _____ Age _____
Breed _____ Size _____ Colour _____
Sex _____ Neutered / Spayed YES / NO
Date of first walk _____ Date of second walk _____
Landlords letter received YES / NO / NOT APPLICABLE. Date on file _____
Any other comments :

Interviewer's signature _____ Date _____
Management approval _____ Date _____
Passed to home visitor _____ Date _____
Home Visitors comments and recommendations
