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| 21713_222636197861372_2011522857_n | Suki's Canine Rescue Crew**Community Interest Company, Number 8266014***Application Form*  |

 **Thank you for your interest in one of our dogs:
please circle:-**

**Fostering Adopting**

**To ensure that we can match the right dog with the right applicant, we require potential applicants to complete the following form. Kindly complete as honestly as possible. We endeavour to make the best possible match for both dog and prospective adopter. Once you have completed the form please return it by email to**

**sukiscaninerescuecrew@gmail.com**
**OR**
**Call 07972 363990** **for a postal address, if required**

**Our required donation for adoption is £150.00 payable as follows:-**

**Administration Fee £25 – To be paid directly after Home Check
*(if successful & proceeding with adoption)***

**Adoption Donation £125 – To be paid on the day of adoption and is *Non-Refundable. (Not applicable if fostering)***

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| Name of Applicant(s) |  |
| Address of Applicant(s) |  |
| Contact Number/s |  |
| Email Address |  |
| Date of Birth of Applicant(s) |   |
| Marital Status*(please circle)* | Married Co-Habiting Single |
| OccupationHours Worked*(please circle)* |  Full Time Part Time Days / Nights Hours Worked:  |
| Who lives in your home?Relationship to Applicant(s) / Age(s) |  |
| Are the above residents aware of your application and in support? | Yes / No |
| Are you or the other Applicant(s) likely to change jobs within the next 6 months? | Yes / No |
| Do children visit your property?If so, what are their ages? | Yes / No |
| Is a new baby due or planned for within the next 12 months? | Yes / No |
| How long have you lived at your current address? |  |
| Are any members of your household allergic to dogs? | Yes / No  |
| What type of Accommodation do you live in?*(please circle)* | House Flat Bungalow Other |
| Location of your Accommodation*(please circle)* | City Town Village Rural |
| What size is your garden?*(please circle)* | Large Medium Small No Garden |
| Is your home?*(please circle)* | Rented Owned |
| If rented, can you provide evidence that your Landlord permits dogs to live at the property? e.g. Tenancy Agreement *(please circle)* | Yes / No |
| Do you have any plans to move within the next 12 months? *(please circle)*If yes, please give details | Yes / No |
| Do you or any other residents have any illness, long-term or otherwise? *(please circle)*If yes, please give details | Yes / No |
| How many hours per day on average would your dog be left alone for? |  |
| Would you consider Day care or a dog walker for the times you are not at home?Where would your dog be kept when you are not at home? | Yes / No |
| Where would your dog sleep at night? |  |
| What would you do with your dog if you were going on holiday? |  |
| How often would your dog be exercised, and where/how? |  |
| Who would exercise the dog? |  |
| Are there any resident dogs in your home? | Yes / No |
| If yes, please specify breed, gender, age of each and for how long you have owned them, and kindly confirm if they are neutered/vaccinated/ Regularly flea & worm treated |  |
| Is your dog(s) well socialised with other dogs? | Yes / No |
| Do you have any other pets?*(please list)* |  |
| Have you applied to any other Rescue organisation, either in the past or currently?If yes, please name the organisation and advise the outcome, i.e. successful or not | Yes / No |
| What is your experience of dogs, past and present? e.g. breeds owned, training etc. |  |
| Please give details of your Veterinary Practice |  |
| Do you have a preference of age/sex/breed of dog, and why? |  |
| Would you consider a dog with medical problems?*(please circle)* | Yes / No |
| Would you consider a dog with behaviour problems? *(please circle)* | Yes / No |
| Would you be prepared to attend dog training or socialisation classes, if necessary? *(please circle)* | Yes / No |
| Do you have your own transport?*(please circle)* | Yes / No |
| How far would you travel for the right dog? |  |
| What is your reason for wanting to adopt a dog? |  |
| Are you aware of the cost involved in owning a dog, e.g. feeding, insurance, veterinary care | Yes / No |
| Would you like to add any personal comments in support of your application? |  |

 **Declaration**

By signing below, the Applicant(s) hereby confirms that all information provided is truthful.

I / We have read and understood the above information

Print Name of Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Many thanks for your application, we will contact you soon



**Applicants wishing to Foster - Please note the Below**

* All neutering, vacciations, flea and worming treatments along with any other

 veterinary care that is required will be paid for by Suki’s Canine Rescue Crew;

* All of our dogs in foster care will remain Microchipped to our Rescue;
* Food, treats, toys, bedding, and any other equipment are all supplied by our

Rescue for as long as the dog remains in your foster care;

* Whilst fostering a dog from our Rescue, you are **not** permitted to allow them

off lead, unless previously discussed with/agreed by us;

* Each dog in foster care is assigned their own Key Worker who you may contact

should you require assistance or have any concerns;

* At no point is any dog in foster care allowed to be left with children unsupervised

*(children being 0 to 16 years of age)*

* Dogs placed in foster care by Suki’s Canine Rescue Crew are required to stay only

in your home and no-one else’s, unless specifically pre-arranged with your Key Worker

e.g. for holiday periods

Your Key Worker will be in regular contact with you whilst you have one of our dogs in foster care, and this will comprise home visits in addition to phone calls or media/text messaging.

I / We have read and understood the above information

Print Name of Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Foster applicants to retain this sheet in their home; to be signed upon approval of your Home Check)*

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