



# Dogs and puppies – application form

Animal(s) interested in \_\_\_\_\_ Animal location \_\_\_\_\_

Surname \_\_\_\_\_ Mr/Mrs/Miss/Ms/other \_\_\_\_\_

First name \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel (home) \_\_\_\_\_ Tel (work) \_\_\_\_\_

Tel (mobile) \_\_\_\_\_ Best time to contact \_\_\_\_\_

Adults (over 18 years) in your household \_\_\_\_\_ Relationship \_\_\_\_\_

Children in your household \_\_\_\_\_ Children ages \_\_\_\_\_

Is there likely to be a change in the near future (e.g. new baby)? \_\_\_\_\_ Are there any children who regularly visit the property? \_\_\_\_\_

Is the above address:

☐ house ☐ maisonette ☐ bungalow ☐ flat (which floor) \_\_\_\_\_ ☐ private ☐ tied  
☐ private rent ☐ HM Forces ☐ Council/housing trust ☐ other \_\_\_\_\_

Is there access to a private garden? ☐ Yes ☐ No Is the garden enclosed securely? ☐ Yes ☐ No

Approximate size \_\_\_\_\_ Type of fencing \_\_\_\_\_

Are you due to move or have you booked a holiday within the next six months? \_\_\_\_\_

Do you work full/part time? ☐ Full ☐ Part Hours worked per day \_\_\_\_\_ Days worked per week \_\_\_\_\_

On average how long would your dog be left on its own, and why? \_\_\_\_\_

Any medical problems in your family affected by animals (e.g. allergy)? \_\_\_\_\_

Have all members of the family/household been in contact with dogs? \_\_\_\_\_

Have you owned a dog before? ☐ Yes ☐ No

If yes, for how long and what type/sex is it? \_\_\_\_\_

Please provide details of other pets \_\_\_\_\_

Are they neutered? ☐ Yes ☐ No Are they up-to-date with vaccinations? ☐ Yes ☐ No

Have existing animals lived with dogs? ☐ Yes ☐ No

How much daily exercise could you give a dog? ☐ one hour ☐ two hours

And where (park/common/wood/street)? \_\_\_\_\_

Name and location of your veterinary surgeon \_\_\_\_\_

Are you prepared to cover the cost of boarding your dog when you are away?

(Approximate cost £11-15 per day)

☐ Yes ☐ No

Are you prepared to seek veterinary advice on routine vaccinations, worming and flea control and to cover the costs incurred for treatment given?

(Approximate cost – annual booster £32, worming and flea control £60 per year)

☐ Yes ☐ No

Are you in agreement that a volunteer makes a pre-home visit?

(A post-home visit will take place after adoption where proof of vaccination and neutering will be required)

☐ Yes ☐ No

The information I have provided is accurate at the time of completion

Signature \_\_\_\_\_

Date \_\_\_\_\_

The RSPCA would like to contact you with further information about our future activities. If you do not wish us to contact you again please tick this box. ☐  
Please tick the box if you want to receive updates and information about our future activities and ways in which you can help the RSPCA by telephone ☐  
and/or e-mail ☐

The RSPCA may allow other organisations whose aims are in sympathy with our own, or whose offers will benefit animal welfare to contact our supporters.  
If you do not wish to hear from them please tick this box. ☐

If you have any enquiries please contact 0300 1234 555 or go online at [www.rspca.org.uk](http://www.rspca.org.uk)

**Thank you for completing this form. Please contact the animal centre to arrange a visit.  
Remember to take this form and a proof of address with you as this will help us handle your enquiry quickly.**

This section to be completed by the animal centre

Ref no \_\_\_\_\_ Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Proof of address provided: ☐ Driver's licence ☐ Credit card statement ☐ Council tax bill ☐ Rent book ☐ Utility bill

Details of dog:

Ref no \_\_\_\_\_ Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Colour \_\_\_\_\_

Reason and date of entry \_\_\_\_\_

Date of neutering/dental check \_\_\_\_\_

Size ☐ small ☐ small/medium ☐ medium ☐ medium/large ☐ large ☐ extra large

Personality/history/kennel assessment:

Collection date \_\_\_\_\_

Home visitor/date passed out \_\_\_\_\_

Home visit result \_\_\_\_\_