GROVEHILL ANIMAL TRUST

Application to Re-home a Dog

Please fill out this form and return it to Grovehill Animal Trust, 88 Tiroony Road, Sixmilecross, BT79 9HB. Please answer ALL the following questions in order for us to assess your application and match you with the right dog. A MINIMUM RE-HOMING FEE OF £60 IS REQUESTED.

| Title: Name: | | |
|---|--|--|
| Address: | | Post Code: |
| Phone: | Mobile: | Email: |
| What size of dog are you looking for? ☐ Small (eg. Terrier) ☐ Medium (eg. Collie) ☐ Large (eg. Labrador) ☐ Any Size | What height is the fence? ☐ Less than 4ft ☐ 4 - 5ft ☐ 5 - 6ft ☐ Over 6ft | Do you own other dogs? ☐ Yes ☐ No Sex Is it neutered/spayed? ☐ Yes ☐ No |
| What breed of dog are you looking for? (breed, house, outdoor etc) | How many people live at your home? Adults: Children: Children's ages: | Type/Breed: How long have you had them? |
| What age of dog are you looking for? Puppy Less than 2 years 2 - 8 years 8+ years Any Age | Do other children visit your home? ☐ Yes ☐ No Ages: How often do they visit? ☐ Daily ☐ Weekly ☐ Monthly | Do you own other pets? Types: Have you owned a dog before? □ As a Child □ As an Adult □ No |
| Male or Female? ☐ Male ☐ Female ☐ Either | Do you want a dog for ☐ Indoors ☐ Outdoors ☐ Both | If you did how long did you have it? |
| Your home - is it a ☐ House ☐ Flat ☐ Other | Will your dog be left alone at home? Morninghours | What happened to it? |
| Your home - Do you ☐ Own ☐ Rent ☐ Other | Afternoon hours How often? | Are you fully aware of the costs associated with keeping a dog and the legal implications? |
| Your home - Do you live in the ☐ Town ☐ Country | What type of exercise will your dog receive? | ☐Yes ☐No I need more information Are you retired? |
| Does your house abut a: ☐ Main Road ☐ Side Road | | ☐ Yes ☐ No How soon do you want a dog? |
| Other: Do you have a garden or yard? ☐ Yes ☐ No ☐ Communal | How much daily exercise are you prepared to give your dog? Weekday: hours | ☐ Immediately☐ Will wait until the right one comes along |
| Please state approximate size? | Weekend: hours Where will your dog sleep? | Are you planning any of the following in the next six months? ☐ A baby ☐ Moving house |
| Is the garden/yard fully enclosed? ☐ Yes ☐ No | | ☐ A change in your working hours ☐ A holiday in the next month Please turn over to back of form ☞ |

| animals? ☐ Yes | □ No | onvicted of abusing of being cruef to any |
|--|--|--|
| Why do you want a do | g? : | |
| | | |
| | | |
| | | |
| | | |
| | r information that may halp up to match a day to you | |
| Please give any further | r information that may help us to match a dog to you | ii nome and illestyle |
| | | |
| | | |
| | | |
| | | |
| | on of previous veterinary practice used: | |
| Please | | |
| Address: | | |
| | | |
| | Telephor | ne No: |
| How did you hear abou | ut Grovehill Animal Shelter: From a friend I | Live locally and knew about the shelter |
| ☐ Newspaper Article | □ Vet □ Event □ Radio □ Other: Plea | ase state: |
| that you agree to the form of the dog to shed, the dog to shed the dog is the dog is that the dog is th | ning below you are indicating that all the information ollowing conditions: hat the dog will be re-homed to me as a house pet will not be chained up outside. In gre-homed to me as a companion, not as a guard all Trust will at times retain ownership of the dog, an not being fed, housed or cared for to their satisfaction to no longer care for the dog I will return it to Grose of the dog in any other way. That all dogs leaving Grovehill Animal Shelter must not neutered I agree that I will return the dog to wried out by a fully qualified vet. That full liability for any veterinary fees, or costs are future date will be mine and remain mine while I are that although Grovehill Animal Trust tell me everythe complete history and therefore cannot guarantee be Grovehill Animal Trust may contact my Vet to confirm Grovehill Animal Trust may contact my Vet to confirm | dog or for fighting or breeding purposes. Independent of the purposes of the reserves the right to reclaim it if they feel on. Independent of the purpose of |
| Signed: | | Date: |
| For office use only:- | | |
| Follow Up: | | |
| House Visit | | |
| Appointment | | |