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|  | **Perfect Match****APPLICATION TO FOSTER****A DOG OR PUPPY** |

St Giles Animal Welfare Ltd Non- for - profit based at St Giles Animal Centre, Wrantage, Taunton. TA3 6DJ Tel: 01823 490333-www.stgilesanimaladoption.co.uk – email: adoption@sgaw.co.uk

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| **If you want to adopt or foster a dog or puppy from St Giles we need to get some details from you so we can find the perfect animal for you. Please answer honestly so we find the right match.** |
| **Your Details** Title, first name & surname ……………………………………………………………………………………………………………………………………………………………………… Address……………………………………………………………………………………………………………………….……………………………………………………………………………. …………………………………………………………………………………………………………………………………………………….. Post code ……………………………………….. Email: ……………………………………………………………………………………………………………. Tel: …………………………………………………………………………….  |

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| **Where did you hear about us?** 🞏 Advertisement 🞏 Website 🞏 Face book 🞏 Already aware of us 🞏 Referred by another establishment 🞏 Just passing 🞏 Word of mouth 🞏 Other (please state): ……………………………………………………………………. **Are you interested in 🞏 Fostering or 🞏 Adopting?** Size of Dog: 🞏 Small (terrier) 🞏 Medium (staffie) 🞏 Large (Labrador) 🞏 Any size Age of dog: 🞏 Puppy 🞏 Less than 2 yrs. 🞏 2 – 5 yrs. 🞏 5 – 8 yrs. 🞏 8 yrs. 🞏 Any age Gender of dog: 🞏 Male 🞏 Female 🞏 Either have you see a dog/puppy on our website/Facebook that you are interested in? Name of dog ……………………………………………… **Information about your home** Do you: 🞏 Own your home 🞏 Rent (if you rent, have you got written permission from your landlord 🞏 Yes 🞏 No  If no you will need to provide proof before any adoption can take place. Do you have a garden: 🞏 Yes 🞏 No 🞏 Communal Is the garden secure from escape: 🞏 Yes 🞏 No 🞏 Not sure -Please provide details of provisions to prevent escape (eg: escape – proof fencing, won’t be let out unsupervised): ………………………………………………………………………………………………………………………………………………………………………………………………. **Information about your family** Who lives at home: …………...…. Adults - Ages 16 – 25 🞏 25 – 45 🞏 45 – 60 🞏 60 – 75 🞏 75 plus 🞏 Children – Ages ……………………………………………Any children visiting: 🞏 Yes 🞏 No If yes, ages: …………………………………..……… Frequency of visits: 🞏 Daily 🞏 Weekly 🞏 Monthly 🞏 Annually Do you own any other dogs: 🞏 Yes 🞏 No If yes, state gender & age ……………………………………………………………………………How long have they been in your care?…………………………………………..………………. Are they neutered: 🞏 Yes 🞏 No Have they been vaccinated within the last year: 🞏 Yes 🞏 No Do you own any other pets: 🞏 Yes 🞏 No If yes please state what and age: ………………………………………………………………………………………………..…………………………… **Information about your lifestyle** How much daily exercise do you expect to give the dog: Weekdays: …….…....hours Weekends …..…………hours How active are you: 🞏 Vey 🞏 Reasonably 🞏 Not very How long do you expect to leave the dog alone on a regular basis: ………………………….…….………. hours Is this: 🞏 Daytime 🞏 Evening 🞏 Night time  How often: …………………………………………………………………………Are you planning any of the following: 🞏 Moving house 🞏 Holiday in the next few weeks **Your ideal dog would:**

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|  | **Very** | **Quite** | **Not** |  | **Very** | **Quite** | **Not** |
|  | **Important** | **Important** | **Important** |  | **Important** | **Important** | **Important** |
| Be good with cats | 🞏 | 🞏 | 🞏 | Like other dogs  | 🞏 | 🞏 | 🞏 |
| Be good with livestock  | 🞏 | 🞏 | 🞏 | Like strangers  | 🞏 | 🞏 | 🞏 |
| Be housetrained  | 🞏 | 🞏 | 🞏 | Like traveling in the car  | 🞏 | 🞏 | 🞏 |
| Be comfortable  |  |  |  | Enjoy being picked  |  |  |  |
| Around children | 🞏 | 🞏 | 🞏 | up / petted  | 🞏 | 🞏 | 🞏 |
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| **Your experience:**I need a dog that has already been trained: 🞏I have trained pet dogs before: 🞏I am an experienced owner and could train a difficult dog: 🞏**Signature:** ……………………………………………………………………………… | I am a first time dog owner/foster: 🞏I would enjoying training a dog: 🞏 **Date:** …………………………………………………………………  |

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| **Whilst every care is taken to find the right dog for you , we cannot guarantee behaviour**  |

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| All personal information supplied by you on this application form will be processed by St Giles Animal Welfare Ltd, whose privacy policy is available on request. This applies whether the information is supplied directly to St Giles Animal Welfare Ltd as data controller or shared by us as a joint data controller with other animal welfare charities. |

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| **You have chosen to take the next step in the process of giving a new home to one or more of our animals. The following questions are specifically aimed to provide more information to further help St Giles Animal Rescue staff and volunteers with the ‘Perfect Match’ process and will be given to the Home Visitor to assist with your application**. |

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| **Your Home** How long have you been resident at your current address: ......................................................................................................... **Your Family & Pets**Name and area of the Veterinary Practice you use/last used: ……………………………………………..………………………………………………….. ……................................................................................................................................................................................................. Please sign to authorise us to contact your vet:.............................................................................. Date:…………………..……... Are you prepared and in a financial position to seek veterinary advice on routine vaccinations, worming, flea control and to over those unexpected costs regarding your new pet’s health: 🞏Yes 🞏 No I am unfamiliar with these costs **Identification & Proof of Current Address** At adoption, St Giles Animal welfare will require you to show official proof of ID and current address Please indicate which form you are able to provide: 🞏 Driving licence with photo 🞏 Current passport 🞏 Other (please state): .................................................................................................................................................................. |

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| 🞏 I agree to the Data Protection Act 2018 and I am happy for St Giles Animal Centre to hold my data: Signature:…………………………………. |

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