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| **ADOPTION APPLICATION FORM** | | | | | |
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| **APPLICANT’S DETAILS** | | | | | |
| Title: |  | Full name: | |  | |
| Address: |  | Telephone numbers (please indicate preferred) - | | | |
| Mobile: | |  | |
| Home: | |  | |
| Work: | |  | |
| Emergency: | |  | |
| Email address: |  | Occupation: | |  | |
| Passport/driving licence number: |  | NI number: | |  | |
| Please note you will be asked to produce a copy of your photo ID and proof of address during your home check visit. | | | | | |
| If you are applying to adopt, please state which dog you are applying for: | |  | | | |
| Please tick your preferences for a dog, if you have no preferences please leave blank: | | Puppy (<2) | 2 – 5 Years | | 5 years + |
| Male | Female | | Either |
| What is the best time of day for FBS to complete a home check? | | AM | PM | | Weekends |
| Who would look after the dog when you go on holiday? | |  | | | |
| What will be the dog’s exercise routine? | |  | | | |
| Will you feed a dog the diet that FBS advises (e.g. raw, specialist food) for allergies or medical issues? | | Yes | | No | |
| **PROPERTY DETAILS** | | | | | |
| Is your property owned or rented? | | Owned | Rented | | Other |
| If your property is rented, is permission required to own dogs? | | Yes | No | | N/A |
| Please attach copy of written permission from your landlord or housing association with your application. Applications cannot be considered without this evidence. | | | | | |
| Property type: | | House | Flat | | Bungalow |
| Other, please specify: | | | |
| Do you have a garden, or access to a garden? | | Yes | No | | Access to |
| If so, is your garden secure? | | Yes | No | | N/A |
| Where in your house will the dog sleep? | |  | | | |
| **OCCUPANCY DETAILS** | | | | | |
|  | | Names/Ages: | Occupations: | | Hours worked: |
| Please list the name, age, occupation and hours worked per week (if applicable) of all occupants in your home: | |  |  | |  |
| Do any children frequently visit your home? | | Yes | No | | N/A |
| Please note that a household with young children may not always be a suitable environment for some of the dogs that come into FBS, owing to their previous circumstances or experiences. | | | | | |
| How many hours a day would the dog be left (approximately)? | |  | | | |
| Have you owned dogs before, and do you currently own a dog? | | Yes | Currently | | No |
| If yes, please provide details of breed, age and sex: | |  | | | |
| If you currently own a dog, is he/she neutered? | | Yes | | No | |
| Do you have any other pets? | | Yes | | No | |
| If yes, please provide further details: | |  | | | |
| **ADDITIONAL INFORMATION** | | | | | |
| What is your reason for wanting to adopt from FBS? | | | | | |
| What experience do you have of caring for a French bulldog (this may include your own or another’s pet)? | | | | | |
| Have you ever adopted an animal from any other rescue organisation (if ‘Yes’, please provide further details)? | | | | | |
| Please add any further information that you feel may be of interest to us with regards to your application and why you think you have the perfect home for a dog from FBS: | | | | | |
| **REFERENCES** | | | | | |
| Please give the names and contact details of two referees (not relatives) who we can contact to obtain a reference: | | | | | |
| Name: |  | Name: | |  | |
| Address: |  | Address: | |  | |
| Occupation: |  | Occupation: | |  | |
| Length of association: |  | Length of association: | |  | |
|  |  |  | |  | |
| Signed: |  |  | |  | |
| Print Name: |  |  | |  | |
| Date: |  |  | |  | |

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| This document can either be posted to the charity’s registered address listed at the bottom of this form or emailed to [fbsapplications@gmail.com](mailto:fbsapplications@gmail.com) |