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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 |