DIZZY CHIHUAHUA RESCUE FOSTERING APPLICATION

Please email the form back to…

Dizzychihuahuarescue@hotmail.com

ABOUT YOU

Name	DOB
Address ………………………………………………………..………………………………………….. …….. …………………………………………………… Postcode ………..……………………………………..	
Tel:	Mobile:
Email:	
Occupation	Type of work **Full time** **Part time**
Numbers of hours worked	
Name & address of employer/ company ……… ……………………………………………………………………….…………………………………………..	

Partners Name	DOB
Partners Occupation	Type of work **Full time** **Part time**
Numbers of hours worked	
Name & address of employer/ company …… ……………………………………………………………………….…………………………………………..	

Do you have children resident in the home / ages ………………………………………………………………………………….………………
Do you have visiting children on a regular basis / ages /how often ……………………………………………………………………………………………………..
What type of accommodation do you live in? (please circle) **detached . semi detached . terraced . bungalow . flat . other (please specify)** ……………………………………………………………….…………………………………

Do you own or rent your home (please circle)	**OWN home**	**RENT home**

If living in rented accommodation: Do you have written permission from your landlord to keep a dog	YES	NO

Please provide the tenancy agreement/letter from landlord stating that pets can be kept in your property.

Name & address of landlord

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………………………………………………phone …..………….…………………………………...

Do you have a secure garden	YES	NO
How high is the fence		
Is the property alarmed	YES	NO
Do you have a pond **YES NO**	If yes, how deep is it	

Do you own or have owned a Chihuahua	YES	NO
Please give brief details *(sex, age, how long you owned it, where it came from etc)* …………………………………………………………………………………….…........ ………………………………………………………………………………………………		
What pets do you currently own *(breed / gender / age)* …………………………………………………………………………………….…........ ………………………………………………………………………………………………		
Are all animals in the home, vaccinated annually	YES	NO
Are all animals in the home spayed/neutered	YES	NO
Name, address and tel number of your veterinary practice …………………………………………………………………………………….…........ ………………………………………………………………………………………………		
Have you applied for a rescue dog before or are you currently applying from another rescue?	YES	NO
Please provide details of rescue/charity you are applying / have applied from …………………………………………………………………………………….…........ ………………………………………………………………………………………………		
Have you had a home check by another rescue	YES	NO
Please provide details of rescue/charity you had a home check by …………………………………………………………………………………….…........ ………………………………………………………………………………………………		

How many dogs are you willing to foster	1 only	2	3 or more
Would you be willing to foster a pair that may be bonded		**YES**	**NO**
Are you willing to foster a Male dog		**YES**	**NO**
Are you willing to foster a Female dog		**YES**	**NO**
Are you willing to foster an Un-spayed or un-neutered dog		**YES**	**NO**
Are you willing to foster any age dog		**YES**	**NO**
If **NO**, please state age you are willing to foster			

Do you feel you could cope with a dog that: (please circle all that apply)		
Dislike of children	**Dislike of men**	**Dislike of women**
Dislike of other dogs	**Dislike of cats**	**Not house trained**
Scent marking	**Barking**	**Aggression**
Scratching doors	**Guarding food/toys**	**Medical issues**
Disobiedience	**Escape artist**	**Stealing food**

Would you be willing to travel to collect a rescue dog (travel costs covered by DCR)	**YES**	**NO**
How far would you be willing to travel		**miles**
Would you be willing to take the rescue dog to its new adopted home (travel costs covered by DCR)	**YES**	**NO**
How far would you be willing to travel		**miles**

Would you be happy to take the dog to the vet and provide recovery care for microchipping, worming, defleaing, vaccinations, spaying, neutering and or other treatment (Veterinarian costs will be covered by DCR)	**YES**	**NO**
Would you be willing to feed the dog yourself and provide a healthy diet	**YES**	**NO**
What type food would you provide ……………………………………………………………………………………............... ……………………………………………………………………………………...........		
Would you be willing to feed the dog yourself and provide a healthy diet	**YES**	**NO**
Would you be willing to cater for special dietary requirements	**YES**	**NO**

Are you aware of food/substances poisonous to dogs: Please list …..

…………………………………………………………………………………...……….

…………………………………………………………………………………...……….

Where would the dog sleep

…………………………………………………………………………………...……….

How often would the dog be walked

…………………………………………………………………………………...……….

Would the dog be in a safe place in an alarmed home if you had to go out	**YES**	**NO**

Chihuahua's are intelligent little dogs, how would you prevent boredom and provide mental stimulation

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How will you create a safe haven for the little dog

…………………………………………………………………………………...……….

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How would you recognise stress in the dog. Please list …..

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How would you react to the stress and to help the dog settle

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Please provide the name, address and tel number of someone you have know for more than 2 years, who can provide a reference.

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……………………………………………………………………………………………

I confirm that the above information is correct and true and give authority for DCR to contact any name persons named in this application to obtain any further information if required

signed ……………………………………………………. Date……………………………………………..