



Mini's Bulldog Rescue Group Questionnaire/ Application

Many of the Doggie Rescue dogs haven't had the happiest starts, and our policy is to ensure that our dogs go to homes where they will be loved and properly cared for. For this reason we make sure that each person who adopts one of our dogs is capable of and willing to accept the responsibilities of pet ownership. If you are prepared to make a lifelong commitment to one of our dogs, please take the time to complete this questionnaire so that we can match you with a dog that best suits your needs, experience and lifestyle. In some cases, more than one application is received for the adoption of a particular dog. The decision is then with DR as to which application is the most suitable for the dog in question. If the dog you apply for is adopted out to someone else, DR can, upon request, try to help you find another suitable dog to adopt. No guarantee can be given that a suitable dog can be sourced. Or keep checking [Mini's Bulldog Rescue Group](#) as we update it daily. Please note you must be over 18 to adopt a dog and fill in this questionnaire. **Adoptions by appointment only.** Thank you!

I am interested in: Adopting a dog Fostering a dog

Dog(s) I am interested in (name):

.....

About you and your family

Name: Age: 18-30 30-60 60-75 75+

Residential address:

Home phone: Work phone:.....

Mobile phone: Email:

Names of all persons living in your household, their relationship to you and their ages:

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Work schedule:..... Partner's work schedule:.....

Does any member of your family have animal-related allergies? Yes No

Do you have any children? Yes No

Are you planning a trip or holiday in the short-term? Yes No Do you travel a lot? Yes No

Are you a permanent resident? Yes No

Photo ID: Driver's licence no./other photo ID Expiry Date:.....

ID sighted and verified

Your home

Type of residence: House Apartment Townhouse House with acreage

Do you Own or Rent? If you rent, do you have permission to keep a dog? Yes No

If you have a yard, is it Unfenced or Fenced? (height, type of fencing, age.....)?

Does your home have a pool? Yes No How have you made it dog proof?.....

Your pets/companion animals

Do you currently have a dog? Yes No Have you previously had a dog? Yes No Have you ever had a rescue/shelter dog? Yes No **Current Dogs:**

| Name and breed | Age | Sex | Desexed | How obtained? (e.g. shelter, pet shop, breeder) |
|----------------|-----|-----|---------|---|
| | | M/F | Yes/No | |
| | | M/F | Yes/No | |

| | | | |
|---|---|-----|--------|
| Have you ever trained a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, what kind of training? <input type="checkbox"/> Basic commands <input type="checkbox"/> Puppy classes <input type="checkbox"/> Obedience classes <input type="checkbox"/> Dog sport or Other..... | | | |
| Do you have any other pets? <input type="checkbox"/> Cat(s) <input type="checkbox"/> Rabbit(s), <input type="checkbox"/> Chickens, <input type="checkbox"/> Other | | | |
| Name of your veterinarian/vet clinic:..... Phone:..... | | | |
| | | M/F | Yes/No |
| Previous Dogs: | | | |
| Breed | Where is the dog now? (e.g. deceased, rehomed, sold, lost) | | |
| | | | |
| | | | |

| Your new dog | |
|--|---|
| Why do you want a dog? <input type="checkbox"/> Companion <input type="checkbox"/> Guard dog <input type="checkbox"/> Dog sport/obedience <input type="checkbox"/> Working dog <input type="checkbox"/> Other..... | |
| If a companion, whose? <input type="checkbox"/> You <input type="checkbox"/> Family <input type="checkbox"/> Child <input type="checkbox"/> Other pet <input type="checkbox"/> Someone else (who?)..... | |
| Please indicate your preferences (you may select more than one option in each category): | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either |
| Age: | <input type="checkbox"/> Puppy (under 12 weeks) <input type="checkbox"/> Juvenile (3- 6 months) <input type="checkbox"/> Young adult (7-18 months) <input type="checkbox"/> Adult <input type="checkbox"/> Mature (5+ years) |
| Size: | <input type="checkbox"/> Toy <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Giant |
| Activity level: | <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Fairly Active <input type="checkbox"/> Energetic |
| Coat: | <input type="checkbox"/> Low shedding (e.g. poodle) <input type="checkbox"/> short (e.g mini foxy) <input type="checkbox"/> Medium (e.g. cocker spaniel) <input type="checkbox"/> Long (e.g. Pomeranian) |
| Breed (s): | |
| <p>Is it essential that your dog is already housetrained? <input type="checkbox"/>Yes <input type="checkbox"/>No Is it essential that your dog is social with other dogs? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is it essential that your dog is good with children? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Where will your dog sleep? <input type="checkbox"/> Inside (where) <input type="checkbox"/> Outside (where.....)</p> <p>Do you want your dog to breed and have puppies? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/> Unsure</p> <p>How many hours will your dog be alone each week? <input type="checkbox"/> None <input type="checkbox"/> 10-20hrs <input type="checkbox"/> 20-30hrs <input type="checkbox"/> 30-50hrs</p> <p>Where will your dog be left when he/she is alone? <input type="checkbox"/> Indoors <input type="checkbox"/>Outdoors <input type="checkbox"/> Access to both</p> <p>When you are home, where will your dog be? <input type="checkbox"/> Indoors <input type="checkbox"/>Outdoors <input type="checkbox"/> Access to both</p> <p>Which areas of your home or yard will be off-limits to the dog?:</p> <p>.....</p> <p>.....</p> <p>How will you handle your dog's exercise needs? (e.g. How often will you walk your dog and for how long?)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>If necessary, would you be willing to attend obedience or general dog training classes? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Your dog may live for more than 15 years, what would you do if you could no longer care for your dog?</p> <p>.....</p> <p>.....</p> <p>Do you have any concerns about owning a dog? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, what are your concerns?.....</p> <p>.....</p> <p>.....</p> | |

Is there anything else you would like to tell us about yourself?

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All of the information I have provided is true and correct. If any information changes, I will advise Mini's Bulldog Rescue Club.

Name:..... Date:

Signature:

Thankyou!