

Medical Detection Dog Rehoming Application Form

Name	
Address	
Email	
Mobile phone number	
Home telephone number	

No. of residents at your address by age range: (please add no. of residents per category)	
0-10	
11-18	
Over 18	

Does anyone in the household have any specific requirements relating to health conditions which we may need to consider in finding a suitable dog? (Please provide details)

Do you have dogs, if so, how many?	
Please provide details: (age, breed, gender, are they neutered?)	

Do you have a cat (or cats)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have other pets or livestock? (Please provide details including whether they are kept in enclosures where they would not be disturbed by a dog)

What experience have you had with dogs? (Please select any which apply)

- I haven't owned a dog before.
- I would need a dog which is well trained.
- I have trained pet dogs before.
- I would enjoy training a dog.
- I have volunteered or worked with dogs.
- I am an experienced owner.
- I have owned a dog with health issues.
- I have owned a dog with behaviour issues.

If you are out of the house for more than 4 hours in a day, what arrangements will be made for the dog?
(Please select any which apply)

- Take the dog to work
- Professional dog sitter / day care
- Family member or friend will care for the dog
- Other (please give details)

Please tick your requirements of a dog: (please select any which apply)

- Good with cats
- Likes other dogs
- Good with other animals
- Affectionate
- Good with children
- Active
- Gentle
- Calm
- Playful
- Other (please give details)

What activities would you like to do with a dog? (please select any which apply)

- On lead walks
- Off lead exercise
- Taking the dog to work with you
- Agility
- Walks in urban areas / high streets
- Pets As Therapy work
- Other (please give details)

How would you describe your household: (please select any which apply)

- Active
- Peaceful
- Busy
- Regular visitors over 18
- Regular visitors under 18
- Regular visitors under 10
- Other (please give details)

How would you describe your local area: (please tick any which apply)

- Urban
- Rural
- Near woodland
- Coastal
- Local parks / fields
- Other (please give details)

If you have any other information you would like to add, please do so:

Are you happy to give a donation of £700 (our standard rehoming donation) to Medical Detection Dogs to rehome one of our dogs?

- Yes No

Do you consent to being contacted by Medical Detection Dogs by email and by phone in relation to rehoming a dog?

- Yes No

Do you consent to being contacted by Medical Detection Dogs for fundraising and marketing purposes?

- By email? Yes No
By post? Yes No
By telephone? Yes No

Your data will be held in a secure database and will not be shared with other organisations.

Signed:

Date: