

Home Enquiry

Thank you for your enquiry about rehoming an HWV. It may not be possible to visit you, but the answers to the following questions will be of help to us.

NAME(S) (1):	
(2):	
ADDRESS (incl. Postcode):	
TEL NO(S):	
MOBILE NO(S):	
EMAIL(S):	
What are your reas	sons for wanting a dog now?
Can you tell us wh	y you want to offer to rehome a HWV?
Can you tell us wh	at experience or knowledge you have of HPRs generally or HWVs in particular?



YES NO

Do you have any children living at home?		If yes, what age(s)?	
Do any children visit regularly?		If yes, what age(s)?	
Have you had a dog before?		If yes, what breed(s)?	
Do you have a dog now?		If yes, what breed, age, sex, neutered?	
Do you look after or visit any dogs in the family?		If yes, what breed, age, sex, neutered?	
Have you any other pets or livestock?		If yes, please give details:	
Do you work?		If so, what do you do/ what hours do you work?	
Does your partner work?	If so, what do they do/ what hours do they work?		
Please indicate the age range(s) applicable to you and your partner	18-25 26-4	5 46-60 61-70	71-75 over 75
Do you live in the	Town Country	Will the dog live in	House Garage Outside
What sort of property do you live in?		lat Bungalow ter of authority to keep a	Other * dog will be required
Do you have a securely fenced garden?	YES NO	If yes, approx. height?	
Do you have your own transport?	YES NO		

Do you have the means to afform vaccinations / veterinary treatments with you?		YES	NO	
Should there be a choice, do y	Dog only	Bitch only	No preference	
Min. Age:	Max. Age:	Are you inter puppy (2-6 m		YES NO
Can you consider taking on tw grown up together?	YES	NO		
Can you take on and have you caring for dogs with "special number medication"	YES	NO		
Have you applied to any other Rescue Organisations YES NO for a dog?		If yes, which	า?	
If we are unable to offer you a would you like us to keep your register? *	YES	NO		



*if you find	a dog elsewhe		et us know ned below	by contacting the	ne HWVA representative		
Do you agree to representatives of the HWVA vis to ascertain the welfare of the dog placed with yo				'ES	NO		
Do you agree to return to the HWVA any dog you no longer keep?			can Y	'ES	NO		
I understand, as checker and po		• • •	tion contair	ned in this form	being shared with a home		
SIGNATURE	(1):						
SIGNATURE	(2):						
DATE:							
Any questions you may have will be answered by the HWVA representative who deals with you. Please return this form to your HWVA representative whose name and address appears below: HWVA Representative:							
NAME:							
ADDRESS:							
TEL NO:			EMAIL:	rehoi	ming@hwva.org.uk		