

## Interview application form

Animal(s) interested in	interested in Animal location		
Surname	Mr/Mrs/Miss/Ms/other		
First name	E-mail address		
Address			
	Postcode		
	Tel (work)		
Tel (mobile)	Best time to contact		
Adults (over 18 years) in your household	Relationship		
	Children ages		
Is there likely to be a change in the near future (e.g. new baby)?	Are there any children who		
Is the above address:  house maisonette bungalow private rent HM Forces Cour Is there access to a private garden? Yes  Approximate size  Are you due to move or have you booked a holiday	No Is the Yes No  Type of fencing		
Who is the animal for?			
Have you a suitable cage/hutch (if applicable)?			
Any medical problems in your family affected by a	nimals (e.g. allergy)?		
Have all members of the family/household been in	contact with this type of animal?		
Have you owned a this type of animal before?	Yes No		
If yes, for how long and what type/sex is it?			
Please provide details of other pets			
Are they neutered? Yes No	Are they up-to-date with vaccinations? Yes No		

Name and location of your veterinary surgeon				
Are you prepared to seek veterinary ad healthcare and cover the costs incurre	-		Yes No	
Would you consider adopting a second	animal for companionship?		Yes No	
Are you in agreement that a volunteer makes a pre-home visit?  (A post-home visit will take place after adoption where proof of vaccination and neutering will be required)				
The information I have provided is accu	urate at the time of completion			
Signature		Dat	e	
The RSPCA would like to contact you with further Please tick the box if you want to receive updates and/or e-mail				
The RSPCA may allow other organisations whose aims are in sympathy with our own, or whose offers will benefit animal welfare to contact our supporters. If you do not wish to hear from them please tick this box.				
If you have any enquiries please contact 0300 1234 555 or go online at www.rspca.org.uk				
Thank you for completing Remember to take this form and a	g this form. Please contact the proof of address with you as th		_	
Ref no Interviewe Proof of address provided: Driver's li  Details of animal:		Council tax bill	Date Utility bill	
Ref no	Name	Breed		
Age	Sex	Colour		
Reason and date of entry				
Date of neutering/dental check				
Specific animal requirements:				
Home visitor/date passed out				
Home visit result				

WFGEN1109 Page 2 of 2