

ROTTWEILER WELFARE ASSOCIATION

Registered Charity No 279 478-R



APPLICATION TO BE PLACED ON THE REHOMING LIST

(Open to purebred Rottweilers only)

Please complete this form as accurately and honestly as possible, in order for us to place your dog in the correct home. Please make sure you write clearly.

A Welfare Representative will contact you to make an appointment as all dogs are assessed for their suitability for rehoming.

In order to avoid undue stress in dogs that are kennelled long term, it is asked that you keep your dog as long as possible.

To be able to continue our work, the RWA needs support. A voluntary donation would be greatly appreciated. All voluntary donations help with kennelling costs and care of the dogs.

All new owners wishing to rehome a Rottweiler are vetted without exception. Welfare dogs are only rehomed to owners that can show that they have suitable commitment and knowledge of dog care.

Name of Applicant _____ Date: _____

Address of Applicant _____

Tel: _____

Breeder's Name & Address _____

Dam's Name _____ Sire's Name _____

Dog's Name _____ Date of Birth/approx age _____

Male/Female _____ Date of last season (if applicable) _____

Is your dog: Castrated/Spayed/Entire _____ House Trained: Yes/No _____

When acquired: _____ When are inoculations due _____

Has your dog been docked/left with tail _____

Reason for rehoming _____

IN THE HOME

Children in the house? Yes/No Ages _____ Does your dog live with the children _____

Other dogs in the house? Yes/No Breed & Ages _____

Any other pets? Yes/No What type _____

How does your dog react with other pets in the house? _____

Where does your dog sleep? At night _____ day _____

Is your dog ever left alone? Yes/No _____ How long for _____

When your dog is left, does he chew/bark/howl/other? _____

How does he react to strangers in the home? _____

GROOMING

Does your dog tolerate grooming? Yes/No
Can you clean your dog's teeth? Yes/No
Can you clip your dog's nail? Yes/No
Can you bath your dog? Yes/No

TOYS

Does your dog possess any toys? Yes/No
Are they left around the house? Yes/No
Can you take them away? Yes/No
Can you play with them & the dog? Yes/No

FEEDING

What is your dog's normal diet? _____

Where is your dog fed? _____ How often? _____

What times? _____ Does he have titbits? _____

Can you take your dog's food away? _____

OUTDOORS

Do you have a garden/yard? Yes/No How high is your fence? _____

Is the dog left alone in it? Yes/No Does your dog escape? Yes/No

Where is your dog exercised _____ On lead/off lead/both _____

How does your dog react to:

Other dogs _____ Other people _____

Joggers _____ Passing traffic _____

Cyclists _____ People with umbrellas _____

Children playing _____ Loud or sudden noises _____

Livestock _____ Wildlife _____

Anything that is new to him _____

Will your dog do any of the following commands:

Sit	Yes/No	Stay	Yes/No	Come when called	Yes/No
Down	Yes/No	Heel	Yes/No	Retrieve	Yes/No

Does your dog attend a regular training class Yes/No _____

How does your dog travel in the car _____

HEALTH

Does your dog have any veterinary treatment at present? Yes/No _____

If yes, give details _____

Give details of any previous illness/accidents/surgery

How does your dog behave at the Vets? _____

Name and address of your Vet _____

_____ Tel _____

GENERAL

Has your dog ever bitten anyone? Yes/No _____

If yes, please give details of the incident: _____

Has your dog ever shown any aggression towards you, members of the family, or any other people. If yes please give details:

Where does your dog stay during the holidays? _____

Can you give us any other information about your dog, which will assist us to place it in the right home when one becomes available.

If after returning this form you find a suitable home for your dog through other channels, please let us know so that your application may be deleted from the list

PLEASE RETURN THE COMPLETED FORM TO:

Mrs A Colbourne, 433 Uttoxeter Road, Blythe Bridge, Staffordshire, ST11 9NT