



Home Enquiry

Thank you for your enquiry about rehoming an GWP. 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 reasons for wanting a dog now?

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Can you tell us why you want to offer to rehome a GWP?

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Can you tell us what experience or knowledge you have of HPRs generally or GWPs in particular?

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	YES	NO		
Do you have any children living at home?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what age(s)?	
Do any children visit regularly?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what age(s)?	
Have you had a dog before?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what breed(s)?	
Do you have a dog now?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what breed, age, sex, neutered?	
Do you look after or visit any dogs in the family?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what breed, age, sex, neutered?	
Have you any other pets or livestock?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give details:	
Do you work?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what do you do/ what hours do you work?	
Does your partner work?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what do they do/ what hours do they work?	
Please indicate the age range(s) applicable to you and your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18-25	26-45	46-60	61-70
				71-75
				over 75
Do you live in the	Town <input type="checkbox"/>	Country <input type="checkbox"/>	Will the dog live in	House <input type="checkbox"/>
				Garage <input type="checkbox"/>
				Outside <input type="checkbox"/>
What sort of property do you live in?	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Other * <input type="checkbox"/>
	<i>* if rented, a letter of authority to keep a dog will be required</i>			
Do you have a securely fenced garden?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, approx. height?	
Do you have your own transport?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Do you have the means to afford upkeep / vaccinations / veterinary treatment of a dog placed with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Should there be a choice, do you prefer:	Dog only <input type="checkbox"/>	Bitch only <input type="checkbox"/>	No preference <input type="checkbox"/>	
Min. Age:		Max. Age:	Are you interested in a puppy (2-6 months old)?	YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Can you consider taking on two dogs that have grown up together?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Can you take on and have you had experience in caring for dogs with "special needs" eg disability/ medication	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you applied to any other Rescue Organisations for a dog?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which?	
If we are unable to offer you a dog within six months, would you like us to keep your details on our register? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>		



*if you find a dog elsewhere, will you please let us know by contacting the GWP Club representative named below

Do you agree to representatives of the GWP Club visiting to ascertain the welfare of the dog placed with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you agree to return to the GWP Club any dog you can no longer keep?	YES	NO

SIGNATURE (1):	
SIGNATURE (2):	
DATE:	

Any questions you may have will be answered by the GWP Club representative who deals with you. Please return this form to your GWP Club representative whose name and address appears below:

GWP Club Representative:

NAME:			
ADDRESS:			
TEL NO:	EMAIL:	rescue@gwpclub.com	