



Home Check Form

Applicant Information

Name

First Name

Last Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area Code

Phone Number

Email

example@example.com

Home Check Details

Home Checkers Name

Date of Home Check

Day Month Year

Home Checkers Contact Information

General Information

How long have you lived at this address

Please input years and months eg 1 yr 6mths

Do you rent or own your home

- If renting, do you have permission from your landlord to have a dog?

Please give Landlord's Name and Contact Information:

Number of Adults in the household?

Please include children over 18yrs

Number of Children in the household?

Please give ages of all children under 18 Years

Are all household members aware of and in agreement with fostering /adopting a dog?

Do any household members have allergies to dogs?

Home Environment

What type of home is it?

Is the home clean and free from hazards?

Does the home have a garden? Please describe the height and condition of gates, fences and is it secure? Any potential hazards inside or outside?

Where will the dog sleep?

Where will the dog be when it is alone?

Safety and Security

Are there any areas of the home the dog will not have access to?

Is there a pond or body of water on the property?- If yes, is it securely fenced off?

Are there any plans for managing the dog's safety around small objects, chemicals, or other hazards?

Experience and Preparedness:

Do you have previous experience with dogs? Please describe your Breed-specific experience (if applicable):

Are there other pets in the home? Please give all Types and numbers? Are they used to interacting with dogs?

Please describe Your plan for exercising the dog? Your plan for training the dog? Do you already have a trainer in place? Please give details?

Commitment and Lifestyle:

Approx. How many hours per day will the dog be left alone?

What are your plans for the dog during work hours?

What are your plans for the dog during holidays or emergencies?

Do you have a Vet? Please give Name and Contact Information:

Interaction with Household Members:

Are all household members comfortable around dogs?

How do household members interact with the dog and or existing dog(s) during the visit?

Are there any concerns about the dog's behaviour with children or other pets?

If Yes, please describe?

Additional Information:

Why do you want to foster or adopt a dog?

What are your expectations for fostering/adopting a dog?

Any additional comments or concerns

Home Checker's Observations:

General impression of the home environment:

General impression of the household's readiness and suitability for a dog/additional dog:

Any specific concerns or recommendations:

Decision:

APPROVED;

If no, or other, please provide reasons and recommendations:

Homechecker:

Name

Date

Day Month Year

Applicant:

Name

Date

Day Month Year

STATEMENT

Malinois and Dutch Herder Rescue Rehab Rehome | c/o Chair, Colemorham, Old Warden, Biggleswade
| Mad.rescueuk@gmail.com | Madrescueuk.org
This form is used to ensure a thorough and consistent evaluation of prospective homes, promoting the well-being and successful placement of the dogs in our care.