
CHRISTCHURCH BORDER COLLIE HAVEN
RESCUE & REHOMING

REHOME REQUEST FORM

Please fill out this questionnaire honestly and in full.

Date of application: ___/___/___

About You:

Full Name: _____

Contact Phone: _____ Email Address: _____

Street address: _____

Suburb: _____ City: _____

Dogs Info:

Name: _____ Age: _____ DOB (if known): ___/___/___

Breed/s: _____

Gender: _____ Dogs current location (city): _____

Is your dog microchipped?

- No
- Yes

Chip Number: _____

Is your dog registered?

- No
- Yes

Registration number & City: _____

Is your dog desexed?

- Yes
- No

Is your dog vaccinated?

- Yes
- No

Has your dog ever bitten anyone?

- No
- Yes, please give details

Is your dog okay around other dogs?

- Yes
- No
- No – reactive to other dogs

Any details: _____

Is your dog okay around cats or other animals

- Yes
- No

Any details: _____

Is your dog okay around children?

- Yes
- No

Any details: _____

Is your dog okay around strangers?

- Yes
- No

Any details: _____

Does your dog have any ongoing medical issues?

- No
- Yes

Any details: _____

Circumstances around rehoming / what do you require from the rescue?

About my dog: Please give as much detail as possible

Declaration:

I, _____ confirm the information I have provided is true and correct, and understand if any information is found to be incorrect it may result in the application being terminated.

Signed: _____

Date: ____/____/____