

ACTGSN Housecheck

1. Name of applicant

2. Address

3. Phone number

4. Adoption or foster?

Mark only one oval.

☐ Adoption

☐ Foster

Household

5. Family members

6. Other pets

7. Notes or any issues (type of household, hours the dog will be left alone etc)

Inside

8. Will the dog sleep inside?

Mark *only one oval*.

☐ Yes

☐ No

9. Safe indoor environment?

Mark *only one oval*.

☐ Yes

☐ No

10. Comments

11. Dangerous objects/corners etc?

Mark *only one oval*.

☐ Yes

☐ No

12. Comments

13. Slippery floors and staircases?

Mark *only one oval*.

☐ Yes

☐ No

14. Comments

15. Is the home in an apartment?*Mark only one oval.*☐ Yes☐ No**16. If yes, do they have a toilet plan?**

Sleeping

17. Warm, comfortable, safe spot?*Mark only one oval.*☐ Yes☐ No**18. Bedding/Pyjamas?***Mark only one oval.*☐ Yes☐ No**19. Sleeping arrangements (if other pets)?***Mark only one oval.*☐ Yes☐ No☐ N/A**20. Comments**

Feeding

21. Fresh water supply indoors?*Mark only one oval.*☐ Yes☐ No

22. Food (type/quantity)?

23. How often fed (not within 1 hour of exercise)?

24. Feeding arrangement (if other pets)

Outdoors

25. Suitable fencing and fence height?*Mark only one oval.*☐ Yes☐ No☐ NA**26. Comments**

27. Safe yard and garden?*Mark only one oval.*☐ Yes☐ No**28. Comments**

29. Easy access to garden?*Mark only one oval.*☐ Yes☐ No☐ NA**30. Comments**

31. Shade and shelter?*Mark only one oval.*☐ Yes☐ No**32. Comments**

33. Water supply?*Mark only one oval.*☐ Yes☐ No**34. Comments**

Training and exercise

35. How often/how long/what type?

36. Understand muzzling laws and muzzle off course options?*Mark only one oval.*☐ Yes☐ No**37. Comments**

38. Training knowledge/experience

General**39. Have or will get***Tick all that apply.*☐ Bedding☐ Food☐ Bowls☐ Martingale collar☐ Toys☐ Vet☐ Leash☐ Worm/flea treatment☐ Other: _____**40. Any other information or comments?**

41. Additional space for more comments (if needed)

42. Would you leave your own dog here?

Mark only one oval.

☐ Yes

☐ No

43. If no, why?

44. When are they keen to start receiving possible matches (when do they want to put a ring on it)?

45. How did they hear about ACTGSN?

46. Your name and date

47. If you have any concerns and would like someone to contact you to discuss, please leave your number and preferred time to call.

