

Pet Referral Form

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| **Section 1 - Owner Details** | | | | |
| **Name of owner:** |  | | **DoB:** |  |
| **Tel no:** |  | | **Email address:** |  |
| **Current address** | |  | | |
| **Address fleeing from** | |  | | |
| **Emergency contact**  **details and tel no** | |  | | |
| **Location of pet now** | |  | | |
| **Perpetrator’s name and DoB** | |  | | |
| **Details of dog(s) referring to Dogs Trust** | |  | | |

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| **Referral Date** |  | **Worker Name** |  |
| **Worker Contact No** |  | **Worker email** |  |
| **Is it safe to contact client?** | **by phone?**  **by email?** |  |  |
| **Drop off to our Bolton office** |  | **Who will bring pet to office?** |  |

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| **Pet Details** | **Pet 1** | **Pet 2** | **Pet 3** | **Pet 4** |
| **Pet Name(s)** |  |  |  |  |
| **Type of Animal** |  |  |  |  |
| **Description/Colour** |  |  |  |  |
| **Distinguishing Marks** |  |  |  |  |
| **Age** |  |  |  |  |
| **Sex** |  |  |  |  |
| **What food is your pet usually given?** |  |  |  |  |
| **House/litter trained?** |  |  |  |  |
| **Where does your pet usually sleep?** |  |  |  |  |
| **Pet Health** | **Pet 1** | **Pet 2** | **Pet 3** | **Pet 4** |
| **Neutered?** |  |  |  |  |
| **Do you consent to your pet being neutered?** |  |  |  |  |
| **Chipped?** |  |  |  |  |
| **Vaccinated?** |  |  |  |  |
| **Flea-d & Wormed? (when & what?)** |  |  |  |  |
| **Current health problems? (eg: skin conditions, eyes, ears)** |  |  |  |  |
| **Current medication** |  |  |  |  |
| **Any past health problems or medication?** |  |  |  |  |
| **Behaviour** | **Pet 1** | **Pet 2** | **Pet 3** | **Pet 4** |
| **General behaviour (eg: quiet, boisterous, nervous)** |  |  |  |  |
| **Likes, dislikes, scared of anything? (eg: men, noises)** |  |  |  |  |
| **Pet used to being left in house on own (eg: shopping, work)** |  |  |  |  |
| **Good with children?** |  |  |  |  |
| **Good with other animals?** |  |  |  |  |
| **Has your pet ever been hurt by perpetrator?** |  |  |  |  |

Equipment

We do not require you to bring anyone other than you cat in the carrier.

Please ensure your carrier is in good condition and transportable.

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| **Please tell us any further information about your pet** |
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**Endeavour Collaboration with Dogs Trust Freedom Project:**

Our service works in collaboration with **Dogs Trust Freedom Project** and any referrals for dogs will be shared with them and, therefore, you agree that we will share your information between our specialist services, this includes any updates on your housing application status and progress and any new addresses, phone numbers or email addresses that you provide during your cat or small animal’s placement with us. We promise to keep your information safe and we will only contact you regarding your pet foster placement under **Endeavour Project**.

**By completing and submitting this form, you acknowledge that you are either the Owner of the pet(s) or the Keyworker acting as an agent of the Owner with their full knowledge and approval and You acknowledge that all the information given is accurate and truthful.**

**Please tick one box as appropriate:**

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| I am the Owner: |  | By ticking this box I confirm that I am over the age of 18 years. |
|  | By ticking this box I acknowledge and confirm that I am the Owner and have read and accept the Client Service Conditions |
|  |  |  |
| I am the Keyworker: |  | By ticking this box I confirm that I am the Keyworker and have read the **Client Service Conditions** and will provide a copy to the Pet Owner |

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form to Endeavour by:

1. Return document to [**petfostering@endeavourproject.org.uk**](mailto:petfostering@endeavourproject.org.uk)
2. By post to 340 Chorley New Road, Bolton BL1 4JU

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| **For Office Use Only** | | | | | |
| **Reason – related to DV** |  |  | **Type of animal(s)** |  | |
| **Client’s location – North West** |  |  | **Client wants rehoming** | |  |
| **Client wants fostering** |  |  | **Pet is over 6 months and not pregnant** | |  |
| **Pet doesn’t belong to/live with perp** |  |  | **Does the client have any dependent children?** | |  |