

# PALS4PETS PETS CARER APPLICATION FORM - 1

ID: LBC Date R'cvd.
Office Use

Please complete in BLOCK CAPITALS and circle answers as appropriate. Some answers may require further information, please use extra sheets if this is necessary.

<b>Title: (Mr/Mrs/Miss/Ms/Other)</b>	
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Address:</b>	
	<b>Post Code:</b>
<b>Telephone Day:</b>	
<b>Evening:</b>	
<b>Mobile/s:</b>	
<b>email:</b>	



<b>How did you learn about PALS4PETS?</b>
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### WHAT CARING ARE INTERESTED IN?

Please circle as many categories as you are interested in, together with answering the related questions

<b>Boarding Dogs In Your Own Home</b>	YES/NO
If YES, do you have:	
A secure garden?	YES/NO
A dog of your own?	YES/NO
Do you have young children, or are young children regular visitors to your home?	YES/NO
If YES, please state ages:	
Are there any other adults living at your home?	YES/NO
If YES, will they share caring assignments with you?	YES/NO
<b>Dog Walking</b>	YES/NO
<b>Pet Visiting - assignments can vary from 1-4 hours, day or evening</b>	YES/NO
If YES, when would you be available for assignments:	
Day time only?	YES/NO
Evening only?	YES/NO
Daytime and/or Evening?	YES/NO
<b>Pets' Home Sitting assignments (remaining in Clients' homes overnight)?</b>	YES/NO

### YOUR COMMITMENTS

Please provide details that will help us to understand your availability for Pals4Pets assignments

<b>Do you have any regular commitments such as a part time job, school runs, caring for grandchildren or other relative?</b>	YES/NO
If YES, please detail:	
<b>Customer requests for Pals4Pets services arise throughout the year. Do you have any known particular commitments, for example charity work, regular holidays away?</b>	YES/NO
If YES, please detail (please indicate if any of these are either at regular times or once-off):	
<b>Would you be willing to undertake assignments over key holiday periods i.e. Easter, Summer, Christmas/New Year?</b>	YES/NO

# PALS4PETS PETS CARER APPLICATION FORM - 2

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## ABOUT CARING FOR DOGS & OTHER PETS

<b>How much daily exercise would you be able to offer dogs in your care?</b>			
a) Frequency	Once a day	Twice a day	Three times a day
b) Duration	10-15 minutes	15-30 minutes	30-45 minutes
Other, please state:			
<b>Would you care for:</b>			
More than one dog from the same household?			YES/NO
More than one pet from the same household (e.g.. dog and hamster)?			YES/NO
<b>Are you prepared to:</b>			
a)Care for puppies?	YES/NO	d)Give medication, if required?	YES/NO
b)Care for older dogs?	YES/NO	e)Care for a special needs pet?*	YES/NO
c)Cook fresh food if need arises?	YES/NO	f)Brush/bathe a pet?	YES/NO
In relation to dogs, please state if there are any that you would prefer not to care for e.g. particular size and/or breed.			
In relation to pets in general, please state if there are any you would prefer not to care for. Please note, Pals4Pets' services are, in general, only for domestic pets.			

\*Special Needs: where a pet has a chronic condition, disability or requires post-operative care.

## DETAILS OF YOUR EXPERIENCE WITH ANIMALS

Please provide information about your experience with different species of animals: dogs, cats, other. Please also include any specific experiences such as giving medication/injections, caring for special needs animals etc.	
Have you ever lost a dog because it escaped/strayed?	YES/NO
If Yes, please give brief details:	
Have you ever had to give up a pet for rehoming?	YES/NO
If Yes, please give brief details:	
If you currently have any pets, please provide brief details:	

## ABOUT YOUR HOME

You only need to complete this section if your application includes Caring for Dogs in your own home.

Do you own your own home?	YES/NO
Is your home a house/flat/other, please state?	
Do you have your own securely fenced garden?	YES/NO
If YES, please give approximate height of all surrounding fencing?	
Are the fences of brick, wood, wire or other, please state?	
Please give brief details regarding the entrance to your home e.g. a secure front garden, open fronted, side access, security access only etc.	

# PALS4PETS PETS CARER APPLICATION FORM - 3

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## PERSONAL

<b>Date of Birth:</b>	
<b>Brief Medical History:</b>	
Please provide us with an indication of how you would rate your health & fitness.	
<b>Are you registered disabled?</b>	YES/NO
<b>Do you have any criminal convictions?</b>	YES/NO
<b>If Yes, please provide information:</b>	
<b>Do you have or have had at any time injunctions or notices that have prevented you or would prevent you from keeping and/or caring for animals?</b>	YES/NO
<b>Are you reliant on public transport?</b>	YES/NO
<b>Do you own a car and would be taking it on assignments, if necessary?</b>	YES/NO
<b>Do you have a clean driving licence?</b>	YES/NO
<b>If NO, please state the offence(s) and how many points (or other) this has incurred.</b>	
<b>Do you or any household members smoke?</b>	YES/NO

## EDUCATION

<p><b>Please provide general information about your education e.g. Last full time education, additional education, training, courses attended and any qualifications/certificates obtained. Please include any such details relevant for animal care.</b></p>

## EMPLOYMENT & POST EDUCATIONAL EXPERIENCE

<p><b>Please give information as to what you have been doing since leaving education. This should include periods of employment as well as periods of time being at home as the primary parent/primary homemaker, sabbatical and/or travelling for pleasure/other i.e. long term.</b></p>

# PALS4PETS PETS CARER APPLICATION FORM - 4

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## REFERENCES

Please provide details for TWO suitable references. Where possible, one should be from a previous Employer. References cannot be from family members.			
<b>Reference 1</b>			
<b>Relationship to the Applicant:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone Number:</b>		<b>Mobile:</b>	
<b>Reference 2</b>			
<b>Relationship to the Applicant:</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>Telephone Number:</b>		<b>Mobile:</b>	

## YOUR PARTNER

You only need to complete this section if your application includes care assignments to or in Clients' homes

<b>Would you be Home Sitting on your own?</b>	YES/NO
IF NO, please state e.g. name, relationship*:	
<b>Does your partner smoke?</b>	YES/NO

\*Pals4Pets can only accept one named person to accompany the applicant on assignments.

**Once completed, please mail your Application Form to:**

Pals4Pets  
2 Croft Close  
London  
NW7 4QL

Telephone: 020 8201 1606  
Email: info@pals4pets.co.uk