Brainy Dogs Visit Application Form

(Please complete and return to Brainy Dogs Co-ordinator)

Title (Mr/Mrs/Ms) ……………………..

First name …………………………………….. Surname ……………………………………………………………….

Address ………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………...

……………………………………………………………………………………………………………………………….

Postcode …………………………… phone (home) …………………….. phone (mobile) …………………..

Do you live in a House, Flat, other? …………………………

Do you own or rent your own home? …………………... (As some landlords will not allow pets)

Do you have a garden? ……………….... Is it fenced/secure? …………………….

Condition suffered from ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

What days would you be available for a visit (please tick all that apply)

Mon AM 🞏 PM 🞏

Tuesday AM 🞏 PM 🞏

Weds AM 🞏 PM 🞏

Thurs AM 🞏 PM 🞏

Friday AM 🞏 PM 🞏

What would you like to achieve from your visit (please tick all that apply)

Company 🞏 Walking 🞏 Grooming 🞏

Standing 🞏 Upper strength 🞏 Lower strength 🞏

General enjoyment 🞏

Other ……………………………………………………………………………………………………………………………………

Is there anybody else in your home that will also benefit from these visits? …………………….

If so please give details (name, age, relationship to you etc) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Are you willing to help us monitor the effectiveness of the project by completing questionnaires and assessments on your health and wellbeing whilst part of the project? …………………………

Signed …………………………………………………………………… Date …………………………………………….

Thank you for completing this information.

All details that you have given will remain confidential to Headway Brainy Dogs

**To be completed by office staff only**

Visit day and time ………………………………………………………………………………

Dog to be used …………………………………………………………………………………..

Activities to be carried out…………………………………………………………………………………………………………………. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..