

# APPLICATION FOR CANINE CONCERN CARE DOG

Please complete and return to:



**CANINE CONCERN**

21 Dallaway Drive

Stone Cross

Pevensey

BN24 5FB

Tel: 01323 760258

admin@canineconcern.co.uk

For Office Use	
Number	
Received	
Expires	
Pack sent	

## OWNER

Mr/Mrs/Miss Ms/Dr	First Name		Last Name	
Address				
	Post code		email	
Phone	mobile		home	

## DOG

Name				Breed		
Gender	M/F	Date of Birth/adoption				
Is dog reliable & friendly	With adults	Yes No		With children	Yes No	
Care (proof attached)	Flea & wormed	Yes No		Protected by	Vacinations <input type="checkbox"/>	Nosodes <input type="checkbox"/>
Feeding (circle)	kibble	tinned	raw	Home cooked	wet	other
visiting	I have a place in mind to visit, which is:			I need help finding a place to visit: school, home, hospital, hospice.		
	I am happy finding a place to visit and will inform you where, when arranged					

I agree that on visits to hospitals/homes/schools etc. I will present my dog/s in a healthy, clean and well-groomed condition. I also agree to follow the Canine Concern safety guidelines, which will protect my dog, myself and the people we are visiting. I will also keep within policies and procedures of the place I am visiting.

Signed .....

Date .....

Your details will be placed on an electronic data base, on a secure computer, the paper form will be filed in a locked filing cabinet. To comply with the GDPR privacy regulation 2018, it will only be used for the purposes it was intended, such as canine concern liability insurance, contact with local area coordinator, updates from head office or area coordinator regarding new places to visit, next social meet up and regular newsletters or any important updates.

Again to comply with the GDPR privacy regulation 2018, please indicate below how and when you would like us to contact you. We will however, have to contact you when your membership needs renewing. You can review these wishes at any time by contacting HO on [admin@canineconcern.co.uk](mailto:admin@canineconcern.co.uk)

#### Method

Yes  No  I wish to be contacted by email

Yes  No  I wish to be contacted by phone

Yes  No  I wish to be contacted by mail

#### Reason

Yes  No  I wish to receive regular newsletters

Yes  No  I wish to receive information about local placement requests

Yes  No  I am happy for the area coordinator to contact me for support etc

I enclose:

A cheque to the value of £..... made payable to Canine Concern

**or**

Internet bank transfer to the value of £.....to

HSBC Bank 40-20-06

Canine Concern 42236036 (Ref 'your name')

**or**

Completed Standing Order Form for £..... every year until further notice (obtained from your bank, a copy of which to be emailed or sent to Canine Concern)

#### **ANNUAL MEMBERSHIP RATE**

**£9.00**      **Owner (18 years and over) and one dog**

**£12.00**     **Joint (married/ partners/adult & junior) and one dog**

**£2.00**      **For each additional dog**

A head and shoulder photo of myself and a photo of my dog, either printed or emailed. (for the photo ID badge)

Proof of regular protection for my dog from infectious diseases, either printed or emailed (vaccinations or Nosodes/titre tests)