



**DFW
COCKER SPANIEL
RESCUE**

**P. O. Box 863704
Plano, TX 75086-3704
Phone: (972) 994-1133
Toll Free Fax: (888) 726-6677
Web: www.dfwcockerrescue.org**

ADOPTION APPLICATION

_____ Cocker's Name/Description _____ Applying for Adoption or Fostering

Home Checks And Vet Checks Are Done Before Placement

Name(s): _____

Address _____

City, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License No. _____ Email: _____

Employer/Address: _____

How many people live in your household? adults _____ children (18 & under) _____

List ages of children under the age of 18 who live in your household? _____

Do all the adults in the home know you are planning on adopting a pet? _____

Buying or renting home? _____ Type of fencing? _____

If renting list manager/landlord name/phone _____

Pet deposit/size limitation? \$ _____ / _____ lbs Do you have OK from apt mgr: _____

Name of nearest relative not residing with you: _____

Complete Address: _____ Phone _____

Why do you want a pet/Cocker? _____

What other dogs have you had & what happened to them? _____

Have you ever had cats? If so, what happened to them? _____

Were your cats indoor cats or outdoor cats? _____

Have they been tested for feline leukemia/heartworm and/or canine heartworm? _____

Describe the type & number of animals you currently have at home: _____

Type of Heartworm Preventative used: _____

Are all current animals in your household medical records/shots current? _____

Are they neutered/spayed? _____

Vet's name: * _____ Vet's phone: _____

(List any vet used in the last 3 years or the vet you will use if this is a first time pet)

(See Vet release form below)

How many hours a day will the animal be alone? _____

Where will this pet be kept during the day? *Check all that apply:*

crate backyard doggie door? take to work
 roam free in house bathroom/Utility room tethered in yard
 work at home garage dog house

Where will this pet be kept during the night? *Check all that apply:*

sleep with me crate backyard bathroom
 utility room garage dog house

What behaviors will you tolerate? (circle Y or N): Chewing: Y N Jumping: Y N
Barking: Y N Gets on furniture: Y N Potty Accidents: Y N Begging: Y N
Crying/Whining: Y N Shredding Paper: Y N Getting in Trash: Y N Digging: Y N
If No to any, explain how you will handle: _____

If you have to leave town, what will you do with your animal? _____

Are you or anyone in your household allergic to cats or dogs? _____

What will you do with your pet if you move? _____

Have you ever moved while you owned a pet? If so, what happened to the pet? _____

Are you financially capable of taking care of your pet should it become ill or injured? (Please bear in mind these cost can run into the hundreds to thousands of dollars.) _____

What will you feed your pet? _____

How long do you intend to keep your pet? _____

Who will take care of your animal if something happens to you? _____

How did you hear about our organization? _____

Would you consider fostering a Cocker Spaniel in the future? _____

As part of our adoption process, we do vet references to verify that your current pets in your household are medically cared for. We would appreciate your signature on this form to release the medical records.

Vet Information Release

I am authorizing DFW Cocker Spaniel Rescue to inquire about the health status of my current animals as well as any deceased/no longer owned animals on the records under my/our name. I am authorizing release of shot records, heartworm preventative purchase(s) and whether or not the animal visited your clinic in the last 12 months.

Name of current animal(s) _____ age: _____

_____ age _____

_____ age _____

Adopter

Adopter

