



PO Box 34168-17790 No 10 Hwy
Cloverdale BC Canada V3S 8C4
Phone. 604-716-3647 Fax. 604-574-9432

ADOPTION APPLICATION

The ownership of a Cocker Spaniel, like any pet, is a serious responsibility that requires long-term commitment. It is the goal of the Cocker Spaniel Rescue of BC to be sure that this responsibility, as well as the financial and psychological needs of each cocker be met in its new home. This application has been designed to help prospective Cocker Spaniel adopters address the issues that would directly affect their home and its suitability for a Cocker as well as aiding us in applicant evaluation.

NOTE: All Dogs will be spayed/neutered BEFORE adopting...

There will be NO exceptions.

Name: _____ E-mail address _____

Full Address: _____

Phone(s): _____

Occupation(s): _____

Employer: _____

1. Reason for adopting a Cocker: Companion () Hunting () Other ()
2. How long have you been considering getting a dog? _____
3. Number of adults in the household: _____ Number of children in the household: _____
4. Please list ages and sex of the children: _____
5. I am aware of CSRBC Policy of not adopting to families with children under age 10, except in certain cases?
Yes () No () I am now ()
6. Who will be responsible for the care and training of the Cocker?
7. Approximately how long will your Cocker be alone each day? _____
8. Where will the dog be kept when left alone? Crate () Separate Room () Anywhere () Outside the house ()
Garage ()

9. Is any member of your family allergic to cats or dogs? Yes () No () If yes, Please explain:
10. Do you live in a: City/Town () Rural Area () House/TownHouse () Condo/Apt () Mobile home ()
Farm/Acreage ()
11. Is your yard fenced? Yes () No () If yes, describe the type of fencing, area fenced, and height.

12. If your yard is not fenced, would you consider fencing part or all of it as a condition of adoption? () Yes () No
If no, please explain why.

13. If renting, is your landlord in agreement with you in getting a dog? Yes () No ()
14. If you rent or lease you must have written permission from your landlord.
Please list landlord information:
Name: _____
Address _____ Phone _____
15. What would you do with the dog if you had to move to a place that didn't allow pets?

16. Are you able to modify your daily schedule, or have the dog taken out, to perform bodily functions **at least** 1-2 times a day? Yes () No ()
17. Are you aware of the license requirements, leash laws, or poop scoop laws in your area? Yes () No ()
18. Are you willing to keep a collar with a tag bearing your name, address, phone number, etc. on your Cocker at all times? Yes () No ()
19. If, for any reason, you are unable to keep your Cocker Spaniel, will you agree to return it to this adoption centre? Yes () No ()
20. Are you able to accept full care, costs, and responsibilities of owning a pet? Yes () No ()
21. Are you aware that grooming fees for an average cocker is about \$40-\$50 every 4-8 weeks? Yes () No ()
22. If your dog was very ill and it is late at night, would you: Try to treat the dog at home () Call the vet on call ()
Send the dog back to CSRBC () Take the dog into emergency if required, knowing it could cost over \$200 ()
Other () _____
23. The average Cocker Spaniel has a life span of 12 to 15 years. Are you willing to make a commitment to this dog for the rest of his/her life? Yes () No ()
24. Are you able to provide the necessary love and attention, as well as the necessary food, vet care and grooming required to maintain a happy, healthy Cocker Spaniel? Yes () No ()
25. How many dogs have you owned in the past 10 years? _____

26. Have you ever owned a Cocker Spaniel? Yes () No ()
27. Please list each dog's breed, sex, name & age, and **what became of it if not alive**. Use another sheet of paper if necessary.

28. What other pets do you have? _____

29. If you have dogs or cats now, are they spayed/neutered? Yes () No ()

30. Does the dog need to be good with: Children () Other dogs () Cats ()

31. Do you understand the importance of spay/neutering? Yes () No ()

32. What training are you prepared to do? Obedience Training () Crate Training ()
House training () Agility () Flyball ()

33. Have you ever trained a dog before, for basic obedience or housebreaking? Yes () No ()

34. Are you familiar with crate training? Yes () No ()
If no, are you willing to learn more about it? Yes () No ()
If no, why not?

35. What would be the reason you would give up a pet? _____

36. How often do you take vacations where you are away from the home? _____

37. Where will the dog stay while you are away from home? _____

38. What age dog do you prefer? _____ What is your colour preference, if any? _____

39. Circle your preference: Male / Female Would you accept a mix? Yes () No ()

40. Occasionally, a Cocker Spaniel with special needs (physical restrictions or health problems or an unusual personality or preferences) is available for adoption. Would you be interested in being considered for such a "special dog"?
Yes () No ()

41. Do you currently have a vet? Yes () No ()

Please list your veterinarian's name, address **and phone number**.

If you have no vet, please list the **LAST** vet used where most of your last file will be.

Please list 3 UNRELATED personal references that we can contact (neighbours, friends, doggie daycare workers)
Names and phone numbers only please.

Personal reference #1:

Personal reference #2:

Personal reference #3:

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions and sign the application can result in this application being declined. Also, if an omission or untruth is discovered after an adoption takes place, I understand and accept that the CSRBC Cocker Spaniel Rescue (CSRBC) has the right to annul the adoption and reclaim the dog.

I give CSRBC permission to fully investigate the information provided as well as contact veterinarians and related officials. If the application passes this review, I agree to home and yard visit on a mutually agreed date by a CSRBC representative before adoption decision is made.

Furthermore, I understand and accept that the adoption decision depends upon many factors, including (but not limited to) the compatibility of the family and home to the individual dog and other applications received on the dog. I understand and accept that it is the CSRBC's prerogative to decide which home is most suitable for the individual dog, and therefore I will not take issue with the decision. Unless otherwise indicated by the CSRBC, I may be considered for another dog.

Print Full Name: _____

Signature: _____ **Date:** _____

PERMISSION FOR RELEASE OF INFORMATION

I, _____ hereby give permission to CSRBC Cocker Spaniel Rescue to obtain information from my veterinarian to complete the adoption process.

This information will include past information on vaccinations, and treatments done on my past/present pets and whether there was compliance to these treatments.

SIGNED: _____

DATE: _____

THIS FORM MUST BE SIGNED AND FAXED TO 604-574-9432 BETWEEN 9AM AND 9PM ANY DAY. IF NOT DONE, YOUR APPLICATION CANNOT BE APPROVED.