

Adoption Application

Please take the time to complete *all* questions so that we can place dogs appropriately in each household. You must be at least 21 years old to fill out this application.

In which dog are you interested? _____

Have you ever had cocker spaniels before? ___ Yes ___ No

Today's Date: ___ / ___ / ___

Your name:

E-mail address:

Home Phone:

Cell Phone:

Street Address:

City, State & Zip Code:

Occupation:

Place of Employment:

Spouse/Partner Name:

E-mail address:

Cell Phone:

Occupation:

Place of Employment:

Number of adults in home: _____ Relationship(s) to Adopter: _____

Number of children in home: _____ Ages of children: _____

Type of Home:

- House
- Apartment
- Condo
- Mobile Home
- Duplex
- Other

Do you:

- Own
 - Lease/Rent (If you rent, your landlord's approval is required.)
- Landlord's Name:
Address:
Phone Number:

What characteristics are you looking for in your new dog? (personality, color, gender, age range, etc.)

What characteristics would you like to avoid in your new dog?

Would you be willing to housebreak a dog if necessary? Yes ___ No ___

Do you have a fenced yard? Yes ___ No ___

If so, are the fence and gate in good repair and of a type that a small dog could not get out? Yes ___ No ___
Please describe the yard and fence in detail:

Do you have a swimming pool? Yes ___ No ___

Is the pool fenced off from the rest of the yard? Yes ___ No ___

Do you have a doggie door? Yes ___ No ___

If the dog is left outside when you are gone, will he have some sort of access into the house? Yes ___ No ___

Please describe your situation:

What is your philosophy regarding dogs which develop medical problems and how would you deal with them?

Cocker Spaniels are, as a breed, often subject to chronic ear infections and/or cataracts. Would you be willing and able to handle the daily treatments yourself, as well as the sometimes frequent veterinary bills for these and any other illnesses, accidents or chronic problems, should your dog have them or develop them later? Yes___ No___ If not, please explain:

Will the frequent coat brushing (daily) and professional grooming needs (at least every 6 weeks) of this long-haired, long-eared breed be a problem for you financially or otherwise? Yes___ No___

If your dog needed a special diet, would you be willing and able to provide it? Yes___ No___

How long will the dog be alone during the daytime? _____

How often will the dog be left alone during the daytime? _____

Where, specifically, will the dog be left when alone? _____

Where, specifically, will the dog sleep at night? _____

What would happen to your dog if it became necessary for you to move or if you became physically unable to care for him?

Do you own any other pets at the present time? Yes___ No___

If so, please list the types of pets, what breeds they are, whether or not they have been spayed or neutered, and any other information you would like to tell us about them, including information about his/her personality:

If you have had other dogs in the past, please tell us why you no longer have each one.

Please list one vet reference and one groomer reference with phone numbers. If you do not have an established relationship with a veterinarian or groomer, do you agree to provide Cocker Connection with this information

within two weeks of adopting a dog? Yes___ No___

Vet Reference:

Phone #:

Groomer Reference:

Phone #:

If you do not yet have a veterinarian and groomer for references, please give us 2 non-family references:

Name and relationship:

Phone #:

Name and relationship:

Phone #:

Cocker Connection is a non-profit, 501(c)3 organization. There will be a tax-deductible, non-refundable adoption donation of at least \$250 per dog required at the time of adoption. All funds directly benefit the rescued dogs and help us to continue to rescue them and provide them with medical care, food, collars, leashes and ID tags, bedding, toys and sometimes boarding costs. Are you willing and able to make this donation? Yes___ No___

Our other requirements include a home check, an adoption contract to be signed at the time of adoption, and occasional post-adoption visits. This Adoption Application will also become part of the Adoption Contract. As such, do you verify that the information given herein is true and accurate? Yes___ No___

Signature of prospective adopter: _____ Date: ___ / ___ / ___

Thank you for considering a rescue dog and for completing our application! We realize there are a lot of questions here, but it will help us to match up each individual dog with an appropriate family and lifestyle. We will respond to you as soon as we are able, and we look forward to meeting you!