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## 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 addy: \_\_\_\_\_

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.*

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**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

