

Cavalier Crazy Rescue - Utah
cavaliercrazyrescue@gmail.com

Adoption Application

Thank you for choosing to adopt a Cavalier from Cavalier Crazy Rescue!

Please complete the following questionnaire. We may require a home visit, or photos of your yard.

Dog(s) of Interest: _____

PERSONAL INFORMATION

Name: _____

Name of spouse/ partner / roommate: _____

Street address:

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Best number/time to call: _____

e-mail: _____

Occupation: _____

Spouse's occupation: _____

Work schedule(s): _____

Names of all persons living in your household, their relationship to you and their ages:

Please two personal references (at least one unrelated) and their relationship to you:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

YOUR HOME

Type of dwelling? (circle) House / Apt / Condo / Other _____

(circle) Own or Rent? If Condo, what are the association's rules about pets?

If you have yard: Fenced (height: _____ feet) Unfenced

Would you allow an inspection of your home by a rescue volunteer? Yes / No

If not a homeowner, do you have the landlord's permission to have a dog? Yes / No

Landlord's name: _____

Phone: _____

YOUR COMPANION ANIMALS

Do you presently have a dog? (circle) Yes / No

Have you previously had a dog? (circle) Yes / No

CURRENT DOG(S)

Name & Breed

Age

Sex

Spayed/Neutered? (circle) Yes / No

How & Why Obtained? How Long?

PREVIOUS DOG(S)

Breed-

Age-

Sex-

Spayed/Neutered? (circle) Yes / No

Kept- (circle) Indoors / Outdoors / Other (explain_____)

What Happened?

Has any member of your family ever experienced animal-related allergies? Yes / No

Do you have a cat? Yes / No

If yes, has it been around dogs and how does it behave around dogs?

Your Family Veterinarian:

Name: _____

Phone: _____

_____(initial) I give permission for a CCR rep to call vet listed above for a reference.

YOUR NEW DOG

Who would be responsible for the care of the dog?

Where would the dog sleep?(circle one)

Inside (where? _____)

Outside (where? _____)

How many hours per day would the dog be left alone? _____

Where would the dog be left when he/she is alone? (circle one) Indoors / Outdoors

If outdoors: (circle all applicable) Yard / Patio / Kennel / Garage / Other

If yard: Do you have a doggie door? Yes / No

When you are at home, the dog would be: (circle one) indoors / outdoors / other (where?)

Which rooms or areas of the home/yard will be off-limits to the dog?:

Do you allow dogs on furniture? Yes / No / Some (which?)

If the dog will be outside at all, what outside space is available for the dog: (circle all applicable) Yard / Patio / Run / Balcony / Unfenced yard / Other: _____

Are the gates: Latched / Padlocked / Other (explain):

How do you plan to handle dog's exercise needs?

Do you travel a great deal? (circle one) Yes / No

How often? _____ How long at a time? _____

When you do travel, how do you intend to provide for the dog while you are gone? _____

What provisions would be made for the dog if you had to move:

Locally? _____

Out of state? _____

To a place where no pets are not allowed? _____

Under what circumstances would you not keep the dog? (circle answers)

Divorce Illness in family Moving New baby New job Housetraining
problem
Chewing Barking Digging Allergy Shedding too much Dog grew too
big
Dog became ill Kids ignore the dog Pets didn't get along Not obedient
enough

Other (explain) _____

Would not give up for any of the above

If the dog becomes destructive at your home, what would you do?

If the dog has "accidents" at your home, what would you do?

If the dog shows Separation Anxiety, what would you do?

If the dog becomes aggressive to people and/or dogs, what would you do?

People Aggression: _____

Dog Aggression: _____
If the dog becomes ill or injured, are you financially prepared to provide the medical care? (circle one)
Yes / No

Are you familiar with the Cavalier King Charles Spaniel breed and their emotional needs and medical issues? (circle one, N/A if not applying for a cavalier)
Yes / No / N/A

If no, what made you decided to adopt a Cavalier King Charles Spaniel?

The dog may live 15+ years, what would you do with your dog if you could no longer care for the dog?

If you are not applying for a specific dog, please tell us what you are looking for in your new family member so we can make a good match!

Is there anything else you would like to tell us about yourself?

Questionnaire Information: All of the information I have provided in this Questionnaire is true and correct.

Signature: _____

Signature of spouse/roommate: _____

Date: _____

Cavalier Crazy Recue strives to make good matches for the dogs in our program and decisions are made based on the best interest of the dog. **We do not adopt on a first come/first served basis, but on the best fit for the dog.** A representative will be in contact with you for a phone interview **if your application is accepted.** False statements and/or omissions are cause for immediate denial of application.

Thank you for applying!