



# The Cavalier Alliance for Rescue, Research, and Education, Inc.

## APPLICATION FOR ADOPTION

Please complete all information and email to cavalieralliance2014@gmail.com

### ADOPTER Information: Please print

Name: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/town) (State)

Please circle: House (Own/rent) Apartment (Own/rent) Other: \_\_\_\_\_ Specify (Own/rent)  
*If renting, please include a copy of your lease highlighting dogs are allowed or an affidavit from your landlord.*

Fenced in Yard: Yes/No Type/Height of fencing: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Best time to call: (am hours) \_\_\_\_\_ (pm hours): \_\_\_\_\_ anytime: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

Family Members: Number of Adults \_\_\_\_\_ Number of Children under 18 \_\_\_\_\_

### ADOPTER Activities:

1. Are you currently volunteering with any other animal rescue groups or shelters? Yes/No  
If so please list the name of the group and your role:

Group Name: \_\_\_\_\_ Role: \_\_\_\_\_

Group Name: \_\_\_\_\_ Role: \_\_\_\_\_

2. Have you volunteered in the past with another group? Yes \_\_\_ No \_\_\_

If so, please list: Group Name: \_\_\_\_\_ Role: \_\_\_\_\_

Volunteer Dates: \_\_\_\_\_

Reason for no longer volunteering with them: \_\_\_\_\_

3. Do you have any experience with special need and/or senior dogs- (Please check all that apply.)

\_\_\_\_\_ Mitral Valve Disease

\_\_\_\_\_ Deafness/Blind

\_\_\_\_\_ Allergy diets

\_\_\_\_\_ Seizures – Flycatcher- Episodic falling syndrome

\_\_\_\_\_ Dry eye

\_\_\_\_\_ Surgery rehabilitation – patella, hip, spine

\_\_\_\_\_ Syringomyelia (SM)

\_\_\_\_\_ Chiara malformation (CM)

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Cushing's Disease

\_\_\_\_\_ Behavioral re-training (resource guarding, potty training, separation anxiety, marking, leash aggression etc.)

Other \_\_\_\_\_

**Additional Information:**

1. Do you have any other pets currently in the household? Yes \_\_\_ No \_\_\_

2. Please list type and number of pets:

Type (Dog breed, cat, bird, etc.)	Number	Age	Sex: M/F	Neutered/Spayed	Source (breeder name, rescue, or family)

3. How do you handle toilet duties? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

4. Does your dog/s have any current behavioral issues?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Do your current dogs get along with other dogs? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

6. What type and brand of food is your current dog(s) eating?

Type: \_\_\_\_\_ (Dry, wet, gluten-free, raw, home-made)

Brand: \_\_\_\_\_

7. Are dogs allowed on furniture in your home? Yes \_\_\_ No \_\_\_

8. How do you walk your current dog? \_\_\_\_\_ off leash \_\_\_\_\_ on a leash \_\_\_\_\_ do not walk dog

9. Stairs in your house? Yes/No Please check: 2<sup>nd</sup>/3<sup>rd</sup> floor \_\_\_\_\_ basement \_\_\_\_\_

Stairs to access yard? Yes/No

9. Are your current dogs vaccinations up to date? \_\_\_ Date of last annual physicals? \_\_\_\_\_

Any medical/physical challenges: Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_  
\_\_\_\_\_

10. Please list the name of your Veterinarian and address/phone numbers:

Name of Veterinarian/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_ (Initial) ***I give permission to call my veterinarian for a reference and agree to release all records of my current and prior animals to the Cavalier Alliance Representative.***

11. Please tell us about your history of ownership with dogs. For each dog, list the breed/breed mix, how long you had the dog, and the cause of death or re-homing of each dog.

Breed/Breed mix	How / where did you obtain the dog?	How long did you own the dog?	Was the dog ever re-homed?	Cause of death & age

12. Have you ever given a pet away to another person or to a shelter or rescue group? Yes/No

Please explain:

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13. Where will the adopted cavalier spend the day? (Check all that apply)

loose indoors       garage       kennel run       basement  
 loose outdoors       fenced yard       crate       tied up outdoors  
 bathroom       other: specify \_\_\_\_\_

14. Where will the adopted cavalier spend the night? (Check all that apply)

loose indoors       garage       kennel run       basement  
 loose outdoors       fenced yard       crate       tied up outdoors  
 bathroom       bedroom       dog bed  
 other: (specify) \_\_\_\_\_

15. If there are other adults/children in the home besides you and your spouse/partner, please list their names and their relationship to you.

Name	Age	Male/Female	Relationship

16. Are you currently involved in any other dog related activities such as breeding, showing, agility or dog therapy work? Yes/No Please explain: \_\_\_\_\_

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17. Have you taken any obedience training classes with your dog? Yes/No
18. Will you take the adopted dog to obedience training? Yes/No
19. How would you rate your ability to teach a dog basic commands like sit and stay on a range of 1= no ability to 10=very proficient? Circle one: 1 2 3 4 5 6 7 8 9 10
20. How would you rate your ability to housetrain a dog on a range of 1= no ability to 10 = very proficient? Circle one: 1 2 3 4 5 6 7 8 9 10
21. On average, how many hours a day will the cavalier be home alone without an adult over the age of 21 present? \_\_\_\_\_ number of hours
22. What is your family's typical daily schedule? (comings/goings, work/school schedule, weekends)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
23. Please briefly describe what age / health / temperament of cavalier you are looking to add to your family:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_ (Initial) *I certify that all of the information given above is true and correct.*

\_\_\_\_\_ (Initial) *I understand that all dogs will be spayed or neutered prior to adoption or places under a spay/neuter contract.*

\_\_\_\_\_ (Initial) *I understand that Cavalier Alliance, Inc. is in no way liable or responsible for any damage, accident, or injury resulting from the placement of a foster or adopted dog into my household or vehicle.*

\_\_\_\_\_ (Initial) *I understand and agree to provide the dogs with proper and sufficient food, water, shelter, companionship, medical care as outlined in the Going Home documents, and provide humane treatment at all times.*

\_\_\_\_\_ (Initial) *I understand that Cavaliers have a variety of health conditions that effect the breed and that no one can predict which ones will effect a dog over time. I also understand that the Cavalier Alliance discloses their vet care of the dog and the records, but makes no warranty or promises as to the future health of the dog when adopted. I understand that I will be responsible for all future veterinary care and costs.*

Adopter Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Cavalier Alliance* works to match dogs and families based on the best interest of the dog. A representative will be in contact with you if your application matches a dog in our program.

**Thank you for applying!**