

Evera True Cavaliers

ADOPTION APPLICATION

Please complete all information and email to: michele@micheletrue.com

ADOPTER Information: Please print

Name: _____ Spouse/Partner's Name: _____

Occupation: _____ Occupation: _____

Address: _____
(Street) (City/town) (State)

House: ____ Apartment: ____ Other: ____ Own or rent: ____

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: _____

Do you have any experience with any of the following? (Please check all that apply.)

____ Healthy Diet ____ Raw ____ Kibble ____ Combination of Raw/Kibble ____ Other

____ Behavioral training: ____ resource guarding, ____ potty training, ____ separation anxiety,
____ marking

____ 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 Yes	Neutered/Spayed No

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:

Stairs in your house? Yes/No Please check: 2nd/3rd floor _____ basement _____

Stairs to access yard? Yes/No

9. Are your current dogs vaccinations up to date: ___ Do you use vaccine titers? _____

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***

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 did you obtain the dog?	How long did you own the dog?	Was the dog ever re-homed?	Cause of death

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

Please explain:

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: _____

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)

____ (Initial) *I certify that all of the information given above is true and correct.*
____ (Initial) *I understand that unless otherwise agreed to, all dogs will be required to be
spayed or neutered as part of my contract with Evera Cavaliers.*
____ (Initial) *I agree to provide any dogs with proper and sufficient food, water, shelter,
companionship, medical care as specified, and humane treatment at all times
and if I cannot I agree to bring the dog back to Evera with no questions asked.*

Potential Adopter:

Print Name: _____

Signature: _____ Date: _____

Thank you for applying!