

**GOLDEN-AGED COCKER RETIREMENT APPLICATION
COCKER SPANIEL RESOURCES, INC.**

P.O. Box 822
Hudson WI 54016-0822

WDATCP 271893-DS

FEIN: 30-0366029

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Email: infoCSResources@gmail.com

Toll free fax: 1-866-673-8571

Name:

Name of Dog:

Street Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email address:

How did you locate our organization?

- Petfinder
- Adopt-A-Pet
- Other _____

Ages of family members:

Family members #1 and #2

Family members (children)

Ages: ____ 18-35 ____ 36-50 ____ 51-91+ Age of #1 ____ Age of #2 ____

Any other family members?

Do ALL family members agree on adopting a cocker spaniel? ____ Yes ____ No

Why do you and your family agree on a cocker spaniel?

Do you own or rent?

Do you have a fenced yard? ____ Yes ____ No

If, NO explain how you will monitor this cocker?

Will you provide training? ____ Houstraining ____ Comfortable Living ____ Other

Have you ever been a guardian for a cocker spaniel? ____ Yes ____ No ____ Male
____ Female If so, what happened to the cocker?

Have you ever surrendered any animal to a rescue or shelter? If Yes, Why?

Have you read the information about grooming and maintaining health?

Do you have a gender preference? ____ Male ____ Female

Color preference? ____ Blond ____ Parti (White/Black) or (White/Buff) ____ Buff

____ Chocolate ____ Merle ____ Black ____ White ____ Roan

Do you have any other pets in your home? If Yes, tell us about them.

Current pets spayed and or neutered?

How many hours will the cocker be alone during the day?

What happens to the cocker when you go on vacation?

Are you willing to care for this retirement cocker for the rest of its life?

Do you agree to a home visit?

Veterinarian's name:

Name of clinic:

Address of clinic:

Phone:

Under whose name are the records listed?

Pet-name:

Years-owned:

Groomer's name:

Name of grooming business:

Phone:

Personal reference:

Name:

Daytime phone:

Evening phone:

2nd personal reference:

Daytime phone:

Evening phone:

Date Applied:

Additional comments: