

Cairn Terrier Club of Denver Rescue ADOPTION APPLICATION

Date: _____

Name of Applicant(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Evening): _____ Email: _____

Occupation of Adults: _____

Have you ever owned a Cairn? _____

Why would you like to adopt a Cairn? _____

If you have never owned a Cairn or Cairn mix, what research have you done to ensure that this breed is appropriate for your lifestyle and household? _____

Please list the members of your household and their ages: _____

Please list other children under 18 years of age who visit frequently, including grandchildren, stepchildren, houseguests, babysitters, etc.: _____

Do any members of your household have asthma or allergies? _____

Does everyone in your household agree on owning a dog? _____

Please list your other pets (species/breed, age, and gender, spay/neuter condition, current health): _____

How many dogs have you owned in the last 15 years? _____

Please describe the pets that are no longer with you. List breed or type, age, and why they are no longer with you: _____

Who will be responsible for the daily care of this dog? _____

How will you exercise this dog? _____

Do you: Rent or Own your home?

Type of housing: House Townhouse Apartment Duplex Condominium

If you rent, does your landlord allow pets? Yes No

If you rent, please give us the name and phone of your landlord: _____

Do you have a fenced yard? _____ If yard is fenced, describe the materials and height of fence, and size of yard: _____

If there is no fence, how do you plan to keep the dog home? _____

How much time will the dog spend outdoors? _____

Where will the dog stay during the day? _____

Is anyone home during the day? _____

How many hours will this dog be alone each day? _____

Where will the dog spend the night? _____

How frequently will the adults be away from home on business trips, vacations, or other activities? _____

When you are away on trips, where will the dog be kept? _____

What do you intend to feed the dog? _____

How will you housebreak the dog? _____

Are you willing to take the dog for obedience lessons if necessary? Yes No

Are you willing to take responsibility for this dog for the next 10 years or more? _____

Please list your veterinarian's name, address, and phone. _____

Our available dogs are listed on Petfinder.com. Is there a specific dog you are interested in? _____

If so, what is the dog's name? _____

Do you require a specific gender? _____

Do you have an age preference? _____

Would you prefer an active, energetic dog, or one that is more calm? _____

Would you be willing to consider a Cairn mix? _____

Would you be willing to consider an older Cairn (over 8 years old)? _____

Would you be willing to consider a Cairn with special needs (such as vision or hearing loss, or a medical condition)? _____

We cannot take requests for a specific color.

Do you understand that dogs adopted through Cairn Rescue will be spayed or neutered before placement? Yes No

Do you agree to keep the dog licensed and have identification with your name and phone number on the dog at all times?

Yes No

Do you agree to contact Cairn Rescue if you can no longer keep the dog? Yes No

Are you willing and able to make a donation of \$200 to Cairn rescue if you adopt a Cairn or Cairn mix? Yes No

Do you give your permission for Cairn rescue to call your listed veterinarian to determine responsible pet ownership?

Yes No

Any other information that you would like to share with us: _____

Please save the completed application and mail it to:

Andrea Faucette

2715 S. St Paul

Denver, CO 80210

Or email:

afaucette@Qeitech.com