



## CEB-US, Inc. Epagneul Breton Rescue ADOPTION APPLICATION

Name(s): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Why are you interested in adopting a rescued Epagneul Breton?

Are you familiar with the breed? If yes, please describe your experience with the breed.

Do you have other pets? If yes, please describe.

Have you ever had a pet taken from you or given a pet away? If yes, please explain.

What are you looking for in a Epagneul Breton? (circle all the apply)

Male          Female          Young dog      Older dog      Inside dog      Outside dog  
Pet          Hunting Dog      Companion          Don't care, want to help

Other:

What activity level do you desire in a dog?

Very High      High          Moderate          Calm          Very Calm

Do you have children? If yes, what are their ages:

Who will be the dog's primary caretaker? Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Under 18? \_\_\_\_\_

Do you rent or own your home? (circle)          Rent          Own

If you rent, are you allowed to have a dog?    Yes    No

Do you have a fenced yard? Yes No If yes, describe fence (height, construction, invisible)

Does your town have any special dog ordinances? Yes No Don't know

How much time will the dog spend alone? Where will the dog be kept?

Where will the dog sleep?

What activities would you like to do with your dog?

Are you interested in obedience training your dog? Do you intend to crate train your dog?

List any reasons you would give up or get rid of a dog?

Please provide contact information for your regular veterinarian.

Veterinarian: \_\_\_\_\_

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

Telephone/Fax: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Please use the space below to describe why you feel you would be able to provide a good home for a rescued Epagneul Breton. Use additional paper if needed:

I understand that this is an application to adopt an Epagneul Breton. There is no guarantee that a suitable dog is available that will meet my needs. I further understand that prior to the Club de l'Épagneul Breton of the United States, Inc. (CEB-US) Rescue Service approving this application that a home visit may be required and agree to the same. Prior to adopting any dog placed in this program, I understand that I will be required to sign an adoption agreement and if I should default on the agreement, the CEB-US Rescue Service has the right to remove the dog I have adopted from my custody.

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Applicant Signature

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Date of application

Please mail or fax this application to:

CEB-US Rescue

% Cindy Chase, Rescue Coordinator

W5749 County Road H

Phillips, WI 54555

Fax: 715 339-4040

Email: [cindychase@live.com](mailto:cindychase@live.com)

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**Office use only**

Dog Adopted: \_\_\_\_\_ Microchip# \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Adopted: \_\_\_\_\_

Follow up date: \_\_\_\_\_ Vet Contacted: \_\_\_\_\_

Adoption Fee: \_\_\_\_\_ Home Visit? \_\_\_\_\_

Notes: \_\_\_\_\_ Approved: \_\_\_\_\_