

American Cavalier King Charles Spaniel Rescue Trust

Preliminary Rescue Adoption Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____ E-mail: _____

Do you live in a (circle one): House Condo Townhome Apartment Other

If other, please explain: _____

Do you rent or own your residence? _____ If you rent, does your landlord allow pets? Yes No

If you rent, please provide your landlord's name, address, and telephone number: _____

Number of animals you keep at your residence: _____ Dogs _____ Cats
_____ Birds _____ Other

If other animals, please explain: _____

Are your dogs all spayed/neutered? Yes No If no, please explain: _____

Do you have a fenced yard? Yes No If yes, please describe: _____

Is your lawn/yard chemically treated? Yes No

How many adults reside with you? _____

How many children? _____ If there are children, please list their names, ages, and genders: _____

If there are children, are they comfortable around dogs? Yes No

If there are children, will they help with the care of the dog? Yes No

If yes, in what capacity? _____

Please tell us briefly why you want to adopt a Cavalier: _____

Have you ever owned a Cavalier before? Yes No

If no, please explain why you are interested in the breed: _____

If yes, is this Cavalier still residing with you? Yes No

If not please explain? _____

Which sex do you prefer? Male Female

Do you have a color preference? Any color Blenheim (brown and white)

Tri Color (brown/black/white) Ruby (solid red) Black and Tan

What traits in a dog are most important to you (circle all that apply)?

Friendly Good with children Good with dogs Good with cats

Travels well Plays fetch Does not jump on people

Will not need obedience training Does not chew High energy level

Medium energy level Low energy level

Other traits/characteristics that are important to you: _____

What behaviors can you NOT tolerate? _____

Keeping in mind that it is rare to get a puppy in rescue, what age range would you consider? 1-3 years 3-5 years 5-8 years 8+ years

Would you accept a dog who needs medications? Yes No

Would you accept a dog with a health condition? Yes No

How will the dog be exercised daily? Please describe: _____

Where would the rescue dog stay during the day? _____

How many hours during the day would the rescue dog be left alone? _____

Where would the rescue dog sleep at night? _____

Are you aware that there is a period of adjustment for each rescue to its new surroundings, which may include potty accidents, chewing, digging, shyness, or other undesirable behaviors? Yes No

If the rescue dog makes a "mistake," describe what kind of correction you would make: _____

Would you be willing to take a rescue dog to training class if necessary?

Yes No

Please list other rescue organizations, clubs or shelters to which you have applied: _____

All dogs placed through the ACKCS Rescue Trust will have health checks and personality/temperament evaluations and will be spayed or neutered prior to placement unless a medical condition exists (as diagnosed by a veterinarian) that would prevent this surgery.

I understand that this is a preliminary application and that there may be no Cavalier King Charles Spaniel available in rescue at this time. I understand that if a Cavalier should become available, that I will be required to provide further information including, but not limited to, personal and veterinary references. I further understand that all information on my Preliminary Rescue Adoption Application will be kept confidential; that my application will be kept on file for six months or until I notify the ACKCS Rescue Trust that I am no longer interested in a rescue, whichever comes first; and that I will not be contacted unless an appropriate Cavalier becomes available. I further agree to notify the ACKCS Rescue Trust if any information on this application changes and to abide by the policies and procedures governing adoption of rescue dogs through the ACKCS Rescue Trust, which may be amended from time to time without prior notice to me.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

