

**Cavalier King Charles Spaniel Club of Greater Houston, Inc.**

**References**

The Cavalier King Charles Spaniel Club of Greater Houston, Inc. requires references from both potential foster homes and potential adoptive homes. This form must be completed and submitted with the Foster Home Application and/or the Preliminary Adoption Application.

**PERSONAL REFERENCES**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

**VETERINARIAN REFERENCE**

Clinic name: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

**APPLICANT'S RELEASE OF INFORMATION**

By signing this document, I hereby give the above-named personal references and veterinarian permission to release any information requested by the Cavalier King Charles Spaniel Club of Greater Houston, Inc. regarding the care and treatment of my animals and my fitness for fostering or adopting a rescue Cavalier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Scan and e-mail completed application to [m.nicole.morrison@gmail.com](mailto:m.nicole.morrison@gmail.com), fax to M. Nicole Morrison at 713-527-7880, or mail to CKCSC of Greater Houston, Inc, Attn: M. Nicole Morrison, 1100 South Shepherd Drive, Houston, Texas 77019-3610.