

American Cavalier King Charles Spaniel Rescue Trust

Preliminary Rescue Adoption Application

Please print clearly.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Do you live in a _____ House _____ Condo _____ Townhome _____ Apartment _____ Other (please explain) _____

Do you rent or own your residence? _____ If you rent, does your landlord allow pets? _____ If you rent, please provide your landlord's name and telephone number. _____

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

Animals, please explain _____ Are your dogs spayed/neutered? _____

Do you have a fenced yard? _____ If yes, please describe _____

Is your lawn/yard chemically treated? _____

How many adults are in your family? _____ How many children: _____ If there are children, please list their ages and sex _____

If there are children, are they comfortable around dogs? _____ If there are children, will they help with the care of the dog? _____ If yes, in what capacity _____

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

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Have you ever owned a Cavalier before? _____ If yes, is this Cavalier still residing with you? _____

If not, please explain: _____

Which sex do you prefer? _____ Do you have a color preference? Any color _____

Blenheim _____ Tri Color _____ Ruby _____ Black and Tan _____

What traits in a dog are most important to you? Friendly _____ Good with children _____ Good with

dogs _____ Good with cats _____ Travels well _____ Plays fetch _____ Doesn't jump on people _____

Won't need obedience training _____ Doesn't 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 would you consider?

1 year to 5 year

Over 5 years

Over 8 years

Would you accept a dog who needs medications? _____

Would you accept a dog with a health condition? _____

How will the dog be exercised daily? Please describe _____

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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? _____

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? _____

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, personality and temperament evaluations, and will be spayed or neutered prior to placement unless a medical condition exists, 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 until I notify the ACKCS Rescue Trust that I am no longer interested in a rescue; and that I will not be contacted unless an appropriate Cavalier becomes available.

Signed _____ Date _____

