



Cavalier Rescue Foundation

A 501(c)(3) Non-Profit Organization

Dear Potential Adopter,

Thank you for your interest in adopting one of our Cavalier King Charles Spaniels. We are dedicated to placing our rescued Cavaliers in safe, loving and permanent homes. Before proceeding, we encourage you to carefully consider the commitment required when adopting one of our Cavaliers.

Our Cavaliers come to us from a variety of sources including owner turn-in, breeder release programs, county shelters, and commercial breeders or puppy mills. All of our dogs are examined by our vet, wormed, vaccinations brought up to date, and health issues are treated. The most common issues we deal with are ear infections and dental issues. Most of the older dogs require a dental cleaning and some may have teeth extracted. With the exception of young puppies, all dogs are spayed/neutered prior to being adopted.

Many of our dogs have never known life outside of a kennel. They know nothing of being a family member, housebreaking, or walking on a leash. Sometimes the stress from the transition from a puppy mill, shelter, or a previous home result in mild gastrointestinal problems and/or a flare up of parasites. While we do our very best to ensure our dogs are healthy at the time of adoption, it is not unusual for dogs to experience flare ups of these conditions due to stress. Treating illnesses after adopting a dog is the responsibility of the adopter. Cavalier Rescue Foundation encourages adopters to consider the low cost pet insurance from PetFirst (visit our website and click the Cavalier Community tab) to help offset healthcare costs.

Adopting a rescue dog can be an incredibly rewarding experience. However, you must understand that your dog will need time to adjust to his/her new home and learn to trust you. Some are still in the process of housetraining, and those who are housetrained will need to learn where you want them to eliminate. Patience while the dog learns what you expect of him/her is essential. Our foster volunteers have first-hand knowledge of your dog and will provide basic information about your dog's daily routine, bedtime arrangements, likes/dislikes, food/treats, favorite toys and games.

Please be aware that we require an adoption donation of up to \$700 per dog depending on age. Donations help us cover the costs associated with rescuing dogs. These costs include transportation costs, veterinary care, spay/neuter, microchipping, and administrative costs (website, postage, printing, etc).

Thank you for visiting our site and thank you for wanting to give one of our special Cavaliers a permanent and loving forever home.

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CAVALIER RESCUE FOUNDATION

Adoption Application

APPLICANT(S) INFORMATION

Applicant :		Co-Applicant:	
Age:	Occupation:	Age:	Occupation:
E-mail address:		E-mail address:	

YOUR HOUSEHOLD

Physical address:		
City:	State:	ZIP Code:
If less than 1 year, previous address:		
Home Phone:	Work Phone:	Cell Phone:
Do you live in a <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (describe)		
Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent If you rent, do you have the landlord's permission to keep the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide:		
Landlord's Name:		Landlord's Phone:
Is your yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how do you plan to handle potty time?		
Do you have a doghouse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
How many adults in the home?	How many children in the home?	
Please tell us about the children in your household (include anyone under 18 years of age)		
Child's Name:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
If additional children, please attach a list that includes child's name, age, and gender.		
Do you currently own any other dogs? If yes, please list breed, gender, age for each dog:		
Have you ever owned any other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tell us about them (breed, how long you owned the dog, what happened to the dog):		

Do you own any cats? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tell us about them (how many, how long you have owned them, comfort level around dogs):	
Are all of you pets either spayed or neutered? If not, please explain:	
Describe your experience as a dog owner:	
CARING FOR THE DOG	
Where will the dog spend the day?	
Where will the dog spend the night?	
On average, how many hours a day will the dog be alone?	Do you have a regular veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Veterinarian Name:	Veterinarian Phone:
Veterinarian Address:	
What are your reasons for wanting to adopt this dog?	
Are you aware of the inherited health problems that many Cavaliers face (Mitral Valve Disease, luxating patellas, hip dysplasia, syringomyelia (SM))? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing and able, both financially and emotionally, to deal with these problems should they occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you interested in breeding your dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tell us why:	
Are you willing to let a representative of Cavalier Rescue Foundation visit your home by appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Have you ever had to rehome a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Do you agree to contact Cavalier Rescue Foundation if you can no longer keep or care for a dog adopted from us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DOG PREFERENCES	

(we) am interested in a Male Female. I (we) would like a Puppy Young Adult Adult Senior (check all you are willing to consider).

Is there a particular dog that you are interested in (please provide name)?

Are you willing to adopt a dog with medical needs or on medication? Yes No

Are you willing to continue work on housebreaking a rescue? Yes No

Are you willing to take your dog to a training class if necessary? Yes No

Do you understand that there is a period of adjustment for each dog to its new surroundings, which may include potty accidents, shyness, barking, or other undesirable behaviors? Yes No

If your dog makes a "mistake" describe what kind of correction you would make:

What behaviors can you not tolerate?

What traits are most important to you?

APPLICANT(S) SIGNATURES

All of the above information I have provided is true and accurate. I agree to provide any dog I adopt through Cavalier Rescue Foundation with the proper care including sufficient nutritious food, water, shelter, training, medical care, companionship and humane treatment at all times. I further agree that Cavalier Rescue Foundation is in no way liable or responsible for any damage, accident, or injury resulting from the placement of a dog into my household. I agree that Cavalier Rescue Foundation is not responsible for any health problems that the dog may have or develop in the future.

Signature of applicant:

Date:

Signature of co-applicant *(if joint application)*:

Date:

CAVALIER RESCUE FOUNDATION USE ONLY

Home visit required? Yes No If yes, date of home visit:

Application approved? Yes No If no, state reason: