

**AMERICAN CAVALIER KING CHARLES SPANIEL
PRELIMINARY RESCUE ADOPTION APPLICATION**

Please print out and mail application to:

**Carol Bond, Rescue Coordinator
716 Pisgah Pass
Mars Hill, NC 28754**

Please type or print all information clearly. Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

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

Have you ever had this breed before? YES__ NO__ If yes, is this Cavalier still residing with you? _____ If not, please explain: _____

How many animals presently reside in your household? Dogs ____ Cats ____ Birds ____

Other animals (please describe) _____

Are all the dogs you currently own spayed or neutered? _____

Do you want a Male ____ Female ____ either sex is fine ____

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 ____ Med. 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 – 5 years? _____ Over 5 years? _____ Over 8 years? _____

Would you accept a dog who needed medications? _____

Would you accept a dog with a health condition? _____

FAMILY INFORMATION

Number of adults in family? _____ Number of children? _____ Ages? _____

Does anyone in the household have allergies? _____

How would you describe the activity level of your family? High ___ Med. ___ Low ___

If there are children in the family will they help with the care of the dog? _____ If so,
in what capacity? _____

Do you own your own home? _____ OR do you rent? _____

House _____ Townhouse _____ Apartment _____ Condo _____ Duplex _____

Do you have a private yard? _____ Is it fenced? _____ If so, type and height of
fence _____

Is your lawn/yard chemically treated? _____

How will the dog be exercised daily? Please describe _____

Where would the rescue dog stay during the day? _____

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: _____

