



# CKCSCGSD Foster Application

I/We agree to become a foster family Y  N

Name:

Address:

City/State/Zip:

If less than one year at this address, please give previous address:

Telephone - Home:

Work:

Cell:

Email:

Occupation:

Reason for wanting to foster a Cavalier:

## Family Structure and Lifestyle

1. Do you live in a  House  Apartment  Townhome  Other
2. Do you  Rent  Own If you rent, please provide your landlord's name and phone number:
3. If you rent, do you have a landlord's permission to keep a dog?  Y  N
4. Does your city limit the number of animals you can keep?  Y  N
5. Do you have a fenced yard?  Y  N  
If yes, please describe:

6. Where will your Cavalier stay during the day?

7. Where will your Cavalier sleep?

8. How and where will your Cavalier exercise and relieve itself?

9. How many adults in your household?

10. Do children live in the household?  Y  N If yes, please list the age and sex of each.

Are they comfortable with dogs?  Y  N

11. Who will be responsible for fostering the Cavalier?

12. Have you previously owned a Cavalier?  Y  N Fostered a Cavalier?  Y  N

13. Do you currently own any other dogs?  Y  N

If yes, please list the breed, age, sex and spayed/neutered for each:

14. DO you own cats?  Y  N

If yes, how many and for how long?

15. Are you willing to foster a Cavalier that has been diagnosed as having medical needs that will need medication?  Y  N

16. Are you willing to foster a Cavalier with a history of neglect or abuse who will demand a lot of time and special love and attention?  Y  N

17. Are you willing to foster a Cavalier with behavioral problems who might require special training?  
 Y  N

18. On the average, how many hours per day will your foster Cavalier be without human companionship?

19. What will be the longest period of time your foster Cavalier might be left alone?

20. Where will the Cavalier spend time when humans are away?

- Basement       Tied up indoors       Bathroom       Fenced yard       Garage
- Kennel run       Crate/Kennel       Specified area of the home (explain)

21. If you are faced with an emergency situation, who will care for your foster Cavalier?

22. Are you willing to contend with seemingly endless shedding and some possible difficulty in potty training?  
 Y    N

23. Do you understand that rescue animals, in particular, might have issues that others may not; insecurities, quirks, emotional issues, and so on.  Y    N Are you willing to work with your foster Cavalier to get him/her ready for his/her new, forever home?  Y    N

24. If you travel and can not take your foster Cavalier with you, what plans will you make for its safekeeping?

25. Experience level for taking care of a dog:  Experienced       Moderate       Very Little       None

26. If you can not foster at the time a foster home is needed, please let us know if you can volunteer for other rescue needs; transportation, food donation, etc.

26. Is there anything else you would like to tell about yourself? Comments?

The CKCSCGSD is a not for profit organization dedicated to the health and welfare of our breed and is run strictly from donations received by the public. No person is ever paid for his/her efforts extended as a part of the CKCSCGSD.

**The following references are required as a part of each foster application**

The CKCSCGSD requires references from foster families. These can include family members not living with you, friends, business associates, etc. We ask for two personal references plus one from a veterinarian, if you have one. If you do not have a veterinarian, please indicate. Please include below the name, address, and one phone number for each reference:

I have read all of the above and have answered them with honest and to my best judgment. I am willing to foster a Cavalier King Charles Spaniel from the CKCSCGSD without hesitation.

I certify by including my name and signing this form that all information contained herein is true. I recognize that completion of application does not guarantee placement of a foster Cavalier in my home.

Name:

Date:

**Thank you for your interest in volunteering for the CKCSCGSD.**

**Please email application to [ckcssandiegorescue@yahoo.com](mailto:ckcssandiegorescue@yahoo.com) or fax application to 760-529-9412**