



# Greater Chicago Cavalier Rescue

## ADOPTION/FOSTER APPLICATION

1. I/We are  Adopt  Foster  
applying to:

\*

2. Dog Preferences  Blenheim  Black and Tan  Ruby  Tri-Color

Tell your preference for a Cavalier Color or leave blank.

3. Gender Preference?  Male  Female

4. I understand that rescued Cavaliers may....
- ..have problems that other dogs might not have
  - ..be insecure
  - ..have special health issues
  - ..be like any normal dog
  - ..may come from homes
  - ..have little or no training
  - ..not be house trained
  - ..may shed some or may shed endlessly

Please check the boxes that you agree are common traits of a rescued Cavalier.

5. First Name

This field is required.

6. Last Name

7. Co-applicant

8. Street Address

9. City

10. State

11. Postal Code

12. Phone-Home

\*

13. Phone-Work

14. Phone-Mobile

15. Email (Applicant)

16. Current Employer

17. Job Title

18. Number of

19. Number of Children?

20. Tell us about your children:

21. Residence  House  Condo  Apartment  Other \_\_\_\_\_

22. Residence Information

Please describe where you live.

If you rent, please provide your landlord's name and phone number?

If you rent, do you have your landlord's permission to keep a dog?

23. Rental / Apt is Ok for Pet?  Yes  No

Only answer this question if you are a renter. Yes indicates that you have your landlord's permission to keep a dog.

24. City Limit for Pet

It will be necessary for you to know if there is a limit of dogs (pets) imposed by a local ordinance. Please check with your village or city.

25. Do you have a fenced yard?  Yes  No

26. Yard Description

27. Cavalier Exercise Plan:

How and where will your Cavalier exercise and relieve itself?

28. Emergency Caregiver?

If you are faced with an emergency, who will care for your Cavalier?

29. Travel Care Plan.

If you travel and cannot take your Cavalier, what plans will you make for its safekeeping?

30. Cavalier Daytime Location:
- |                                      |                                      |                                   |                                  |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Backyard    | <input type="checkbox"/> Basement    | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Family Room | <input type="checkbox"/> Garage   | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Laundry     | <input type="checkbox"/> Living Room | <input type="checkbox"/> Other    |                                  |

Please check the location in your house that your Cavalier will have access to during the day.

31. Cavalier Sleeping Location:
- |                                      |                                      |                                   |                                  |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Backyard    | <input type="checkbox"/> Basement    | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Family Room | <input type="checkbox"/> Garage   | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Laundry     | <input type="checkbox"/> Living Room | <input type="checkbox"/> Other    |                                  |

Please check the location in your house where your Cavalier will sleep.

32. Who will be responsible for the Cavalier?

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In your household, who will be the primary person responsible for the Cavalier's health and well being?

33. Hours Per Day without a Human

What is the average amount of time that your Cavalier will be alone during the day?

What is the maximum amount of time that your Cavalier will be alone during the day?

34. Cats at home?

Yes  No (clear)

35. Tell us about your cat(s):

If you have cats, tell us about the number of cats that are in your home and how long they have been with you.

36. Accepting of Cavaliers with special needs?

Yes  No

\*

Are you willing to accept a Cavalier that has been diagnosed as having a medical need that will require daily medications and frequent visits to veterinarians or specialists?

37. Cavaliers in need of training?

Yes  No

\*

Are you willing to accept a Cavalier that has behavior problems and might require special training?

38. Willing to accept neglected or abused Cavalier?

Yes  No

39. Knowledge of Cavalier breed?

How did you gain your knowledge and awareness of the Cavalier breed?

40. How did you find GCCR?

41. Do you have other dogs?  
\*  Yes  No

42. Tell us about your other dogs:

If you have other dogs, please tell us the breed, gender, age, spayed/neutered for each.

43. Have you owned a Cavalier previously?  
\*

44. Veterinary Reference  
\*

Please provide name, address, city, state, zip, office phone and email for your veterinarian references.

45. Personal Reference #1  
\*

Please provide name, address, city, state, zip, email address, and phone for your personal references.

46. Personal Reference #2  
\*

47. Readiness to rescue a Cavalier self rating:
- New to Rescue
  - One Past Rescue/Adoption
  - Multiple Rescues
  - Strong Rescue Experience

48. Note from Applicant

49. Willing to sign adoption/foster agreement?  Yes  No

A copy of the Foster Home Agreement/Adoption Contract is available at [www.gccavalierrescue.org](http://www.gccavalierrescue.org). A link for this can be found in the library or on the "How to Adopt" page.

50. Adopter/Foster Signature

I certify that information contained herein is true. I recognize that completion of this application does not guarantee placement of a Cavalier in my home.

51. Adopter Signature Date

52. Co-Applicant Signature

I certify that information contained herein is true. I recognize that completion of this application does not guarantee placement of a Cavalier in my home.

53. Co-Applicant Signature Date

GCCR is a not for profit organization dedicated to the health and welfare of Cavaliers. We depend on donations received from the public. The GCCR expects that each adopting family will give GCCR a minimum adoption donation. If you are adopting, your Cavalier will arrive spayed or neutered (if not medically prohibitive) and up to date on shots. Any known health needs of the Cavalier will be discussed with its foster family and adopting family at the time of placement.

I certify by transmission of this form that all the information contained herein is true. I recognize that completion of this application does not guarantee placement of a Cavalier in my home.

Please send the completed form:

... As an attachment to email to [info@gccavalierrescue.org](mailto:info@gccavalierrescue.org)

or

By regular mail to GCCR, PO Box 1421, Aurora, IL 60507