



**Cavalier King Charles Spaniel Rescue  
of Ontario**

**Foster Care Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_

1. How did you learn about CavaCare?

2. Why do you want a Cavalier King Charles Spaniel as a pet?

3. Do you have any preferences regarding age, sex or colour?

4. Have you owned a pet in the past?    Yes    No

5. If yes, please list their names, breed and years in your household:

6. What pets do you currently have?

7. Are there any pet allergies in your household? Yes No

8. Number of children at home and their ages:

9. Do you have a fenced in yard? Yes No  
Please describe:

10. Approximately how many hours a day would your Cavalier be home alone?

11. What was your previous address and how long did you live there:

12. Please describe (check) the area in which you live:

City \_\_\_ Suburban \_\_\_ Rural \_\_\_

13. Do you live in a house? \_\_\_\_\_ or Apartment? \_\_\_\_\_



14. If you rent or lease, do you have permission from your landlord to have a dog?  
Yes    No

15. Landlord's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

16. Who will be responsible for the care and training of your new dog?

17. Are you willing to leash walk your Cavalier every day?    Yes    No

18. Do you agree your new pet will live as a family member within the house?  
Yes    No

19. Are you prepared to purchase a dog license and ID tag its collar?    Yes    No

20. Do you agree to spay and neuter your dog if not done so already?    Yes    No

21. Are you willing to accept immediate and full responsibility for the ownership of this pet, including all health care costs and responsibilities of pet ownership?  
Yes    No

22. If for any reason you are unable to keep your Cavalier, will you agree to return it to CavaCare?    Yes    No



**References:**

Veterinarian's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Two references (one preferably a neighbour) that you have known for more than 2 years:

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

The information on this application is correct and I am over the age of 21.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this application by fax: **(613) 396-5845**  
or by email: **help@cavacare.org**