



PRELIMINARY APPLICATION FOR ADOPTION

Please print out, complete and mail to:
Michael Gady 24 Brookwood Ave., Albany, NY 12203

Date: _____ How did you learn of CKCSC of Northeastern New York, Inc.? _____

Applicant(s) Name(s) _____

Home Phone Area Code/Number: _____ Work Phone Area Code/Number: _____

Email: _____ Cell Phone Number _____

Street - City - State - Zip _____

No. of adults _____ Age range _____ No. of children _____ Ages _____

M or F _____ Age _____ Would you consider over 5? _____ Over 8? _____ On Medication? _____

Activity level you want -- or behavior you cannot tolerate _____

Must your cavalier be purebred? (Yes) (No) Would you consider fostering a cavalier that does not match your preferences while waiting to adopt? _____

Check the traits most important to you: Good with children Good with dogs Good with cats Travels well
 Friendly Low energy level High energy level Plays fetch Doesn't jump up
 Won't need obedience training Doesn't chew

Other traits/characteristics that are important to you: _____

Do you live in (circle) House Townhouse Apartment Duplex Other _____ Own or rent? _____

Landlord's Name if renting: _____ Type of setting (city, suburb, country, etc.) _____

If you have a lawn, is it chemically treated? _____ How will the dog be exercised: _____

List other rescues or clubs to whom you have applied _____

I UNDERSTAND THAT THIS APPLICATION IS PRELIMINARY AND THAT THERE ARE NO CAVALIER KING CHARLES SPANIELS IN RESCUE WITH THIS ORGANIZATION AT THIS TIME. FURTHER, IF A POSSIBLE CANDIDATE SHOULD BECOME AVAILABLE, THAT I WILL BE ASKED TO FILL OUT A DETAILED ADOPTION APPLICATION TO DETERMINE THE APPROPRIATENESS OF THE DOG(S) IN RESCUE.

Signed _____ Date _____

This application will be kept on file with the Cavalier King Charles Spaniel Club of Northeastern New York, Inc. and you will be contacted in the event of a dog(s) needing rescue or re-homing. In the order that they were received.