



Cavalier King Charles Spaniel Rescue (Qld) Inc.

Registered as a charity with the Australian Charities
and Not-for-profits Commission ABN 28 709 153 342

OFFICE USE

Expression of Interest

 **0458 550 878**



info@cavalierrescue.com.au



www.cavalierrescue.com.au

NOTE: Foster Carers must also complete the Membership Application Form attached

Application type	Foster <input type="radio"/>	Date		
Your Name				
Your Details	Residential Address			
	Suburb	State	Postcode	
	Phone	Home:	Mobile:	
		Other:		
	Email			
ID	Please provide a copy of your Driver's Licence for identification			
Cavalier King Charles Spaniel Rescue (Qld) Inc. will only use your personal details to record, assess and manage your application. Your details will not be sold, shared with or otherwise released to any third party without your prior consent.				
1. Do you currently:	Own your home <input type="radio"/> Rent your home <input type="radio"/> Live in someone else's home, eg. parents' home <input type="radio"/> If you are in your own home, we may request to see a recent Rates Notice. If you are renting, we may request to see written consent from your landlord that you are allowed to keep pets in the property.			
2. What is your current or previous experience with the Cavalier King Charles Spaniel breed (if any)?				
3. What do you know about the potential health issues and grooming requirements of this breed? eg. heart problems, patella problems, eye health, ear health, maintenance of coat, etc.				
4. Are you aware that as a result of a physical trait many Cavaliers snore?	Yes <input type="radio"/> No <input type="radio"/>			
5. Do you have any other pets that live at or visit your home?	No. of Dogs <input type="radio"/> No. of Cats <input type="radio"/> No. of other Pets <input type="radio"/>			
If yes, please provide details of type/s of pet, breeds, ages and a brief description of their temperament and behaviour:				

If you have dogs and/or cats, please briefly outline what you normally feed them:

6. We need to consider your activity and lifestyle when trying to match a dog to your home. Please briefly detail the typical daily exercise and activity routine you would be able to provide, eg. walks, swimming, play, beach visits, etc. How long each session? How many times per week?

7. Do you have any formal dog training experience?	Yes <input type="radio"/> No <input type="radio"/>	If yes, please briefly describe your experience:
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8. Would you consider taking on a senior dog or a dog with health issues?	Yes <input type="radio"/> No <input type="radio"/>
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9. At your home, do you have any of the following either inside or out:	Polished floors <input type="radio"/> Floor tiles <input type="radio"/> Stairs / split level <input type="radio"/>
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10. We require that your yard and garden is securely fenced, including swimming pool areas. Please detail what type of gates and fencing you have:	4ft fencing <input type="radio"/> 6ft fencing <input type="radio"/> Colorbond <input type="radio"/> Timber <input type="radio"/> Brick <input type="radio"/> Wire / mesh <input type="radio"/> Latch gates <input type="radio"/>	Other details about yard, gates and fencing:
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11. Do you live in an area which has:	Ticks <input type="radio"/> Cane Toads <input type="radio"/> Snakes <input type="radio"/> Other wildlife <input type="radio"/>	Other, please explain:
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12. Where will your dog spend time during the day and at night?

13. What do you plan to do / Who will be responsible for looking after your dog if you need to be away from home or when you go away on holidays?

14. Please advise your typical work hours are. Also, please advise at what times there will be a responsible person at home to look after the dog?

15. Please outline who else lives at your address, including other adults and children.		No. of Children <input type="checkbox"/>		No. of Adults <input type="checkbox"/>	
16. Please list the ages of any children that live at or visit your home (eg. friend's children, grandchildren)					
17. Let us know whether you have any particular preferences:					
Colour		Age		Temperament	
Blenheim <input type="checkbox"/> Tri-Colour <input type="checkbox"/> Ruby <input type="checkbox"/> Black & Tan <input type="checkbox"/>		Up to 12 months <input type="checkbox"/> 2 - 5 years old <input type="checkbox"/> 5 - 8 years old <input type="checkbox"/> 8 years + <input type="checkbox"/>		Very active <input type="checkbox"/> Moderately active <input type="checkbox"/> Low activity <input type="checkbox"/> Good with kids <input type="checkbox"/> Affectionate <input type="checkbox"/> Lives outdoors <input type="checkbox"/>	
18. Please tell us what has motivated you to enquire about adopting or fostering a Cavalier?					
19. If you are applying to become a foster carer, please indicate which of the following you are able to assist with:		Assist with transportation to collect or drop off a Cavalier <input type="checkbox"/> Attend veterinary appointments <input type="checkbox"/> Administer medication such as eye drops or oral medication <input type="checkbox"/> Provide appropriate high quality food for the dog <input type="checkbox"/> Provide an approved raw diet for the dog <input type="checkbox"/> (Note: Cavalier Rescue will assist with providing food for the dogs from donated resources whenever possible, however we frequently find that we need to rely on the generosity of potential foster carers in being able to provide food for these foster dogs. If you are unable to absorb the cost of providing food for a foster dog, please let us know now)			
20. How did you find out about Cavalier King Charles Spaniel Rescue (Qld) Inc.?		Facebook <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Pet Expo <input type="checkbox"/> Another rescue/animal group <input type="checkbox"/> Spoke to one of your Volunteers <input type="checkbox"/> Name.....			
APPLICANT'S DECLARATION					
I declare the information I have provided on this form is to the best of my knowledge true and correct. I hereby acknowledge the obligation and agree to keep matters of a confidential nature, particularly regarding personal details and the circumstances surrounding surrender and rehoming, confidential and to respect privacy as required by the Privacy Act 1988 (Cth).					
..... Name (please print clearly)	 Signature			
I would like to join the email list to receive notification of upcoming events and information from time to time				Yes <input type="checkbox"/> No, thank you <input type="checkbox"/>	
Dated					

Thank you for your interest in fostering or adopting a dog through Cavalier King Charles Spaniel Rescue (Qld) Inc. We genuinely appreciate you taking the time to provide us with as much information as possible. If there is anything further you would like to add to your application, please attach it separately.

***** Please email your completed Expression of Interest to info@cavalierrescue.com.au. *****



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OFFICE USE

Membership Application

0458 550 878

info@cavalierrescue.com.au

www.cavalierrescue.com.au

Application type		New Member <input type="radio"/> Renewal <input type="radio"/>			
Your Details <small>(All of these details are required)</small>	Name				
	Residential Address				
	Suburb		State		Postcode
	Phone	Home:		Mobile:	
		Other:			
	Email				
Consent	Do you consent to us contacting you from time to time in relation to events and information related to 'Cavalier Rescue'? (You can opt out at any time)		via Email	Yes <input type="radio"/> No <input type="radio"/>	
			via SMS/Mobile	Yes <input type="radio"/> No <input type="radio"/>	

Cavalier King Charles Spaniel Rescue (Qld) Inc. will only use your personal details in the way you have consented to. Your details will not be sold, shared with or otherwise released to any third party without your prior consent.

MEMBERSHIP IS ON THE BASIS OF AN ANNUAL SUBSCRIPTION WHICH IS RENEWABLE ON 30TH JUNE EACH YEAR

Membership Type	Lifetime (by invitation)	<input type="radio"/> \$100	Adult	<input type="radio"/> \$20
	Pensioner	<input type="radio"/> \$5	Family	<input type="radio"/> \$25
	Junior	<input type="radio"/> \$5	Corporate	<input type="radio"/> \$100
	Foster Carer	<input type="radio"/> \$5	Foster Carer Associate Member (no voting rights)	<input type="radio"/> \$0
Once your application has been processed, your receipt will be emailed to your above nominated email address		MEMBERSHIP amount		\$
		DONATION amount		\$
		Total		\$

Goals of the Association	<p>All members must acknowledge and accept the following Goals of the Association. Any member who is deemed to be acting in opposition to the goals or whose actions are deemed to have a potentially negative impact on the Association may have their membership suspended or cancelled at any time at the discretion of the Committee.</p> <p>THE GOALS OF THE ASSOCIATION ARE:</p> <ul style="list-style-type: none"> To rescue and re-home Cavalier King Charles Spaniels in Queensland. To develop alliances with other rescue/re-homing groups for the benefit of Cavaliers. To raise awareness of the Association's activities. To lobby for legislation relevant to the Association's activities. To reduce the numbers of Cavaliers requiring rescue through education of prospective owners and the general public.
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Payment Type	<p>O Direct Deposit, BSB: 124 147 Account: 21513753 (Use 'surname-mbr' as reference)</p> <p><input type="radio"/> Cash <input type="radio"/> Cheque payable to Cavalier King Charles Spaniel Rescue (Qld) Inc.</p>
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Signature of Applicant	As a condition of membership, I hereby acknowledge the obligation and agree to keep matters of a confidential nature, particularly regarding personal details and the circumstances surrounding surrender and rehoming, confidential and to respect privacy as required by the Privacy Act 1988 (Cth).	
		Date

Volunteering	Would you be interested in other volunteering opportunities with 'Cavalier Rescue', eg. at events that are in or near your local area such as helping with stalls and expos, transporting dogs, etc or are you able to donate any goods or services? No, sorry I am unable to assist at this time <input type="radio"/> Yes, I would like to volunteer <input type="radio"/> Yes, I would like to donate goods or services <input type="radio"/>	Please indicate which volunteering tasks you may like to assist with:	
		General assistance as requested	<input type="radio"/>
		Setting up and manning the stall at shows/expos	<input type="radio"/>
		Transporting dogs	<input type="radio"/>
		Fundraising / Raffles	<input type="radio"/>
	Please detail the goods or services you may wish to donate, or any other way you feel you may be able to assist Cavalier Rescue:		

Thank you for your interest in becoming a member of Cavalier King Charles Spaniel Rescue (Qld) Inc. We genuinely appreciate your support. Pursuant to the Model Rules of our Association, all new applications for membership must be proposed and seconded and are subject to approval. We are a voluntary organisation and although we all try to attend to these tasks as quickly as possible, sometimes things can take a little longer. We thank you for your patience in this regard.

**** Please complete this Membership Application and return the original by email to info@cavalierrescue.org.au or by mail to: ****

The Secretary
 Cavalier King Charles Spaniel Rescue (Qld) Inc.
 PO Box 1436
 BURLEIGH HEADS QLD 4220

Note: Liability insurance of \$10,000,000 is current and issued through Suncorp Insurance Limited

FOR NEW APPLICATIONS ONLY (not renewals) This application must be proposed and seconded by financial members of the Association	
Proposed by (print name)	
Signature	
Seconded by (print name)	
Signature	

OFFICE USE ONLY							
Application rec'd	Date		Payment rec'd	Date		Amt	\$
Membership approved by Committee	Date		Receipt and confirmation despatched	Date			