

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

Foster Co	arer	

Expression of Interest

0458 550 878



NOTE: Foster Carers are admitted as Friends of the Association											
Application	pplication type FOSTER Date										
Your Nam			POSIER								
		Resident	Residential Address								
		Suburb			State		Postcode				
			Home:		Mobile:						
Your Details		Phone	Other:								
		Email									
		ID	Please provide a copy of your Driver's Licence for identification								
				Qld) Inc. will only use							
applicatio	n. Your c	details will n	ot be sold,	shared with or other	wise releas	ed to any th	nird party without yo	our prior consent.			
			Own your home O Rent your home O Live in someone else's home, eg. parents' home O								
1. Do you currer		ath.		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 O No O						юО					
No. of Dogs O 5. Do you have any other pets that live at or visit your home? No. of Cats O						ats 0					
15	No. of other Pets O										
If yes, please provide details of type/s of pet, breeds, ages and a brief description of their temperament and behaviour:											

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If you have dogs and/or cats, please briefly outline what you normally feed them:							
6.	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 O No O	O No O If yes, please briefly describe your experience:				
8.	Would you cons	ider fostering a seni	or dog or a dog wi	ith he	ealth issues?	Yes O No O	
9.	9. At your home, do you have any of the following either inside or out:					Polished floors O Floor tiles O Stairs / split level O	
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 O 6ft fencing O Colorbond O Timber O Brick O Wire / mesh O Latch gates O	Ott	Other details about yard, gates and fencing:		
11	. Do you live in ar	Ticks O Cane Toads O Snakes O Other wildlife O	Other, please explain:				
12	12. Where will your foster dog spend time during the day and at night?						
13. Who will be responsible for looking after your foster dog if you need to be away from home or when you go away on holidays? Will you need CKCSRQ assistance to arrange foster accommodation?							
14. Please advise of your typical work hours. Also, please advise at what times there will be a responsible person at home to look after the dog?							

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15. Please outline who else lives at your address, including other adults and children.			No. of Children O No. of Adults O						
16. Please list the ages of any children that live at or visit your home (eg. friend's children, grandchildren)									
17. Please advise of your experience (if o			any) in the following occupations:						
Can	ine First Aid	Veterina	ary Nurse	Nurse	Canine Nutrition				
		T Otomic	,						
18. Please tell us what has motivated you to enquire about fostering a Cavalier?					,				
19. As a potential foster carer, please indicate which of the following you are able to assist with:			Assist with transportation to collect or drop off a Cavalier O Attend veterinary appointments O Administer medication such as eye drops or oral medication O Provide appropriate high quality food for the dog O Provide an approved raw diet for the dog O (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 O Website O Friend O Pet Expo O Another rescue/animal group O Spoke to one of your Volunteers O 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 (pl	ease print clearly)		 Signature						
I would lik	e to join the email lis nation from time to t			ocoming events	Yes O	No, thank you O			
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. Please note Liability Insurance of \$10,000,000 is current and provided by Berkley Insurance Australia/