

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

Surrender

J 0458 550 878

admin@cavalierrescue.com.au www.cavalierrescue.com.au

Name of Dog	("the dog")			Surre	nder Date			
Sex	Male O Female O			Micro	ochip No.			
Colour	Blenheim O Tri-Colour O Ruby O Black & Tan O			Loca	l Council			
Age/DOB				Council Reg. No.				
Desexed	Yes O No (Yes O No O Weight (kg)		Healthy O Under O Over O				
Current Diet (& brands)				gies to food ner irritants				
Vaccination/s	C3 O C4 O	Due Due		Other				
	C5 O	D	Due		cations or			
Worming	Heartworm (oue	Produ	uct			
	All-wormer C		oue	Produ	uct			
Flea & Tick	Product/s			Due (date/s			
Eyes	No issues O Dry eye O Weeping O Conjunctivitis O Other O				ment / derations			
Ears	Clean and o		ee O Dirty O Smelly O Other O		ment / derations			
Teeth / Dental	No issues O Healthy pink gums O Some plaque/tartar O Red or inflamed gums O				ment / derations			
Heart	No issues O Some concern O Unsure O DX murmur O Grade I II III IV V VI				ment / ng type			
Patella	No issues O Some concern O Unsure O DX Patella luxation O Grade I II III IV				ment / derations			
Skin	Healthy / appears good O Dry / flaky O Red O Itchy O Unsure O			ment / derations				
Anal Glands	No issues O Recently expressed O Needs regular check & express O If scooting - sometimes O frequent O				Require anal gland check? Yes O No O			
Medical History	Ligament re	pairs O	Pancreatitis O Tick	Deta	iils			
	Coat - Good O Dry O Needs clip O			Treatment / considerations				
-	Nail length - Good O Needs trim O							
Grooming & Hygiene	Cleanliness - Good O Needs bath O							
Temperament /	Level of			0		d 	Yes O No O	
						ed	Yes O No O	
behaviour	Previous surgeries O Fractures O Ligament repairs O Pancreatitis O Tick toxicity O Toad toxicity O Other O Coat - Good O Dry O Needs clip O Nail length - Good O Needs trim O Cleanliness - Good O Needs bath O Level of training Obed - Basic O Advanced O Needs training O Little-None O On lead - walks well O pulls O Crate trained Yes O No							
Usual exercise	Walks - Slow O Moderate O Fast / Long O Approximate time/distance: Ability to swim - Yes O No O Unsure O Other / play:							
Other Notes	Where does dog usually sleep? Used to being mostly indoors / outdoors?							

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signature

Surrender Form

Reason for surrender	Change in financial circumstances O Residential circumstances O Family changes / new baby O Allergies (family member) O			Notes			
	Behavioural issues O			Explain			
	Other O			Explain			
Owner's	Full Name						
Declaration	Address						
	State				Postcoo	de	
	Home phone			Mobile phone			
	Email				_		
approved applicar I also acknowledge organisation to put on appropriate we operated by the or of the dog is primal done by the organ future services. I consent to the organisable new owner organisation to the organisation of	"the organisation"). I acht who is already on the ethat by agreeing to volish photos and release bsites which may include ganisation, Facebook rily to secure the most sisation to help maintain ganisation liaising with a crs for this dog if required ganisation contacting redical history of the dog to the organisation if reduced to the organisation if reduced history of the dog to the organisation if reduced / DOB Dog's Name / Breed / DOB Vet / Clinic Name Phone	eir waiting list shou oluntarily surrende e details of this do de but are not lim and other social r suitable new home n positive community other rescue and r d. my veterinarian de grand I expressly con equested.	er the copg, at the copg, at the lited to media a e for the nity superehomi	dog named herein I sheir discretion, via en www.cavalierrescu outlets. The purpose is dog and may also oport to enable the ang organisations and below to discuss and	available give my c mail, mob e.com.au of publis o contribu organisat d agenci	e at the tile consent to colle phone or any significant or any signifi	me. o the e contact and uch other site as os and details moting the work ntinue providing ion to potential us treatment
	Email						
details (name, locc including to potent I acknowledge tha dog and I relinquish	ny personal details will ration, contact details) of tial new owners, other of the tial new owners, other on my rights to further con may contact me fur ably rehomed.	or sensitive informo organisations or aç e dog the organiso ontact. I understar	ation re gencie ation b	elating to the surrences or authorised foste becomes responsible by contact the organ	der of thiser carers. If for the conisation to	dog to a care and ro o enquire	nyone else rehoming of this about the dog
Owner's Signature					Date		
OFFICE USE ONLY							
ID check	Driver's Licence No. State						
Dongties	Other Amount \$ Cash O Direct Deposit O Cheque O Date bank					akod	
Donation Documents supplied	Amount \$		<u> </u>	<u> </u>	O Podia	Date bar	
Other items supplied	Vaccination Certificate Bedding O Collar O H						are O vet history O
					Oiner	<u> </u>	
	on behalf of Cavalier King		scue (C	ria, inc. by (name)			
Authorised person's				Date			

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Record of veterinary consultation, treatments, health related expenses							
Dog's Name			Surrender Date				
Microchip No.			Our Reference				
Date	Vet	Treatment Details /	Treatment Details / Notes				