

Hurricane Cavaliers Guardian Program Application

A. Name, age and occupation of all family members that live in your home:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

B. Address:

Physical _____ Mailing _____

C. Phone Number:

Home _____ Cell _____ Work _____

D. Have you previously owned a Cavalier? YES NO

Why do you want to be a Guardian for one of our Cavaliers? _____

E. What do you believe the pros to being a guardian are? _____

F. What do you believe the cons to being a guardian are? _____

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G. What personality type would fit your family best? (Calm, Energetic, etc.)

H. Are you requesting a specific dog to foster? YES NO

Which one? _____

I. Please provide any additional information about yourself that might help me get to know you and your family better. This can include a written explanation, pictures, etc.

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