

# THE COCKER SPANIEL CLUB RESCUE & REHOMING



Rescue & Rehoming  
Co-ordinator:

Mrs. A. Webster  
Lilac Cottage  
Cliffe Hill  
Stanton Under Bardon  
Markfield Leics. LE67 9TE

Tel: (10am-6pm only)  
01530 249952

Please return completed  
form to appropriate area  
representative

To assist the Cocker Spaniel Club Rescue Scheme to re-home your Cocker we ask you to give us as much background information as possible. You will be required to sign a relinquishing form signed by the owner/owners of the dog. **Please note it is not possible for the scheme to re-home any Cocker which has bitten or is of uncertain temperament.**

Name/Address/Telephone of owner: .....

.....

.....

.....

Dogs Name:..... Age:..... Colour:.....

Is he/she very active:..... How much exercise is the dog used to: .....

Is he/she friendly towards adults/children? ..... Cats?..... Dogs?..... Does he/she only trust people he/she knows .....

Is the dog used to being left by itself for periods ..... If so, how long?..... Is the dog destructive when left alone .....

Is the dog fully house trained: .....

Can you state below the genuine reason for re-homing:

.....

.....

In your opinion what kind of home would be best suited to your Cocker?

.....

.....

When a suitable home is found the address of the previous owner is not disclosed to the person adopting the dog as this may cause problems in the future. If the owner chooses to disclose his/her name and address to the new owner The Cocker Spaniel Club Rescue cannot accept any responsibility for problems which may ensue.

The new owner is asked to pay a donation to The Cocker Spaniel Club Rescue Scheme and although we cannot always visit prospective homes we do ask for a letter of recommendation from the new owner's Veterinary Surgeon.

If there is any further information which you think will be useful in finding the right home for your Cocker Spaniel please complete the following details:-

Innoculation - last date .....

MICRO-chipped.....

Castrated/Neutered .....

Date of last worming .....

Feeding regime / food brand .....



**Waiver of Ownership/Transfer Form**

I .....  
**Name/s of Owner/Owners or Agent**

**Address:** .....  
.....  
.....

**Telephone No.** .....

**HEREBY WARRANT AND CONFIRM as follows:-**

I am the owner of the Cocker Spaniel ..... (name of dog)

Or I am authorised by ..... (name of owner/s)

The owner of the Cocker Spaniel ..... (name of dog)  
To act on his/her behalf.

I, or my Agent have/has delivered the Cocker Spaniel known as ..... to the official Representative of the Cocker Spaniel Club Rescue and in so doing have/has transferred to Rescue all rights of ownership and possession.

I declare to the best of my knowledge, information and belief that ..... has never at any time shown any signs of aggression and is not currently being treated by my Veterinary Surgeon for any ongoing medical condition or inherited condition. My Veterinary Surgeons details are attached and this statement is to be regarded as my authority for contact to be made to that person for any information concerning .....

**Note: If on or after transfer this is not found to be the case I agree to reimburse the Cocker Spaniel Club Rescue for all expenses incurred including the services of a Veterinary Surgeon. Should the Veterinary Surgeon decide that euthanasia is the only course of action this step will be taken.**

\* I have/the owner has no remaining rights to the dog.

\* I am/the owner is not entitled to any information as to the whereabouts of the dog's new home or temporary accommodation. All such enquiries must be made through the Rescue Representative concerned.

\* I have/the owner has no claim for any payment for or/in respect of the dog.

(\*delete as appropriate)

**Name of Owner/Agent:** .....

**Signature:** .....

**Rescue Officer:** .....

**Date:** .....