

THE COCKER SPANIEL CLUB REHOMING & RESCUE SCHEME RELINQUISHING FORM

Before proceeding with rehoming your Cocker Spaniel, please read through our guidance leaflet 'Information on the Cocker Spaniel Rehoming & Rescue Scheme' available on The Cocker Spaniel Club's website (thecockerspanielclub.co.uk). By completing this form, we ask that you give as much background information as possible on your Cocker Spaniel being relinquished.

As the owner/s of the dog, you will also be required to sign a 'Waiver of Ownership' form at the time when your Cocker Spaniel is accepted for rehoming by an area representative.

All details provided on this form is for our information only and will not be shared with a third party.

Please note - it is not possible for the scheme to rehome any Cocker Spaniel which has bitten, known to be of uncertain temperament and/or has serious behavioural issues.

Contact details of Owner:						
Name & Address:						
Telephones – Landline:		Mobile:				
Email address:						
Details of your Cocker Spaniel to be	rehomed (referred to as	the dog' h	erein):			
Name:	Age:	Co	lour:			
Type of Cocker Spaniel: ☐ Show type	e □ Working type □	Unknown	Please attach photograph/s	of the dog to be rehomed		
Dog's gender: ☐ <i>Male</i> ☐ <i>Female</i>	Tail: □ Full tail	☐ Docked	Microchipped: ☐ <i>Yes</i>	□ No □ Unknown		
Microchip number (15 digits):	ochip number (15 digits): Microchip implanter/identifier:					
We will need the microchip informati If not registered to the above owner'				to be registered with you		
Name & Address:						
How long have you had the dog?						
If the dog was purchased from a bree	eder, do you have a <i>"bree</i>	eder's contra	ct" in place? ☐ Yes ☐ No	□ Unknown		
Is the dog Kennel Club registered \Box	Yes □ No □ Unkno	wn If	yes, please provide details:			
KC registered name:			KC registered number	:		
Do you have details of the dog's gene			•			
Is the dog neutered? \square <i>Yes</i> \square <i>No</i>						
Is the dog vaccinated? ☐ Yes ☐ No	o □ <i>Unknown</i> If yes,	provide dat	e of last vaccination			
If the dog is not neutered or vaccina	ted would you be prepa	red to donat	e towards these? 🗆 Yes 🏻 🗀	□ No □ Not applicable		
Date the dog was last wormed		What br	and of wormer:			
Date of last flea treatment to the dog	· · · · · · · · · · · · · · · · · · ·	What br	and used:			
Is the dog used to living in a: ☐ House	se □ Bungalow □ Fa	arm 🗆 Flat	t □ Caravan □ Other			
Is the dog an indoor or outdoor dog?	☐ Indoor ☐ Outdoor	r If outdoo	or, does it live in kennel/pen?	⁹ □ Yes □ No		

Is the dog used to a garden? ☐ Yes ☐ No Has the dog ever escaped? ☐ Yes ☐ No If yes, please provide details
Does the dog live with other dogs/cats/pets? ☐ Yes ☐ No If yes, provide details Is the dog crate trained? ☐ Yes ☐ No ☐ Sometimes Where does the dog sleep? ☐ Kitchen ☐ Bedroom ☐ Utility Room ☐ Hallway ☐ Freedom of house ☐ Outbuilding Does the dog travel well in car? ☐ Yes ☐ No ☐ If no, please explain how the dog reacts:
How does the dog travel: ☐ Crate ☐ Seat Belt Harness ☐ Rear compartment of car – loose* or secured* (*strikethrough) Who currently lives at home with the dog? Please give details of all adults & ages of children
What type of food is the dog fed on? Canned Dry Complete Raw diet What brand: How many times a day is the dog fed? Please give times: Is the dog registered at a veterinary clinic? No If yes, please give name, address and phone number details below
Has the dog any long-term medical condition/disability? If yes, please provide details (this does not affect the rehoming process)
Is the dog currently seeking treatment for any medical issues? If yes, please state what (this does not affect the rehoming process)
Under the GDPR law, we will need you to ask your vet to email the dog's full medical/treatment history (especially vaccinations, wormer etc.) to The Cocker Spaniel Club Rehoming & Rescue Scheme at: cockerclubrescue@gmail.com If required, do you give The Cocker Spaniel Club Rehoming & Rescue Scheme permission to contact your vet? Yes No
Character of the dog to be rehomed: Remember the information you provide on this form helps us to place the dog in the right home, therefore it is important that you do not withhold any behavioural details of the dog, in order to reduce risk to other people and animals. Is the dog good with adults? Yes No Unknown Is the dog good with children? Yes No Unknown
Does the dog only trust people the dog knows: Yes
Is the dog good with chickens? No Unknown Is the dog good with livestock? i.e. sheep, cattle, horses etc. No Unknown Is the dog very active? No No Unknown How much exercise is the dog used to:
Is the dog good at walking on a lead?
Has the dog ever bitten a person? Yes No Unknown If yes, please explain the incident:

Has the dog displayed a	any of the f	following	temperament/k	pehavioural issues tov	vards people? <i>Plea</i>	se tick <u>all</u> that apply
\square Bark continuously	☐ Bark an	nd growl	☐ Bitten (caus	ed puncture wound)	☐ Bitten (shake)	☐ Bitten (holds on)
☐ Lunge ☐ Lunge an						
						Please tick all that apply
☐ Bark continuously	☐ Bark an	nd growl	☐ Bitten (caus	ed puncture wound)	☐ Bitten (shake)	☐ Bitten (holds on)
☐ Lunge ☐ Lunge an	d lip curl	☐ Snap	ped but no conta	act	e □ Other, please	e state behaviour:
Has your dog displayed						
Guarding Behaviour	□ Yes	\square No	□ Unknown			
Pacing	□ Yes	\square No	□ Unknown			
Separation Anxiety	□ Yes	\square No	□ Unknown			
Shadow Chasing	□ Yes	\square No	□ Unknown			
Have you contacted a F	Professiona	l Dog Be	haviourist regard	ling the dog's behavio	our recently or in th	e past? □ <i>Yes</i> □ <i>No</i>
If yes, please provide d	etails:					
Please state your genu	ine reason	for the r	e-homing of you	r Cocker Spaniel:		
						rails:
We hope to be able to home is found? ☐ <i>Yes</i>	rehome yo □ <i>No</i>	our Cocke If no, plo	er Spaniel, but th ease state time c	is may take time. Are	you able to keep th	ne dog with you until the right
dog as this may cause p	oroblems ir	n the futi	ure. If the relinqા	uishing owner choose	s to disclose their n	o the person adopting the ame and address to the new roblems which may ensue.
The new owner is asked to prospective homes,			•		_	cannot always carry out a visi Clinic.
	imal/s at r					hheld information that could ing & Rescue Scheme and
Signed:					Date:	
Print name/s of signatu			·			

Please return completed and signed form to the appropriate area representative $\underline{\mathbf{OR}}$ email as an attachment to $\underline{\mathbf{cockerclubrescue@gmail.com}}$