



## Application To Adopt

Name of the dog you would like to adopt:

Today's Date:

### 1. Contact & Background Information

Applicant's Name:

Address 1:

Address 2:

City:

Province:

Postal Code:

Email address:

Day Phone:

Evening Phone:

Work History (FT, PT):

Education:

Other:

Housing: (please check)

	Single Family Dwelling	Multi-unit
Own		
Rent		

## 2. Responsibility for Keeshond

a. Who will be responsible for the following:

i. Feeding:

ii. Exercise:

iii. Vet Care:

iv. Training:

## 3. History of Pet Ownership

a. **DOGS:**

Name	Breed	Gender	Altered

i. What happened to your last dog?

ii. Are all dogs current on shots?      Yes              No

c. Are all dogs on heartworm preventative and/or checked annually?      Yes              No

b. **CATS:**

Name	Breed	Gender	Altered

i. Are all cats current on all required shots and annual checkups?      Yes      No

c. Other pets I/we have owned: (Please specify)

**4. Caring For Your Adopted Keeshond**

**Please answer all the questions below. There are no right or wrong answers and there are no trick questions:**

a. Why do you want a Keeshond?

b. Who will have ownership of this dog and what is the relationship to the applicant?

c. Who lives in your household? Please provide names and ages of all occupants, including pets.

d. Will the dog be kept primarily indoors or outdoors?

e. How will the dog get exercise?

f. When you are away for any length of time what will happen to your dog?

i. Travel with you on trips?      Yes      No      Unknown

ii. Stay in a kennel?      Yes      No      Unknown

If yes, please provide information about the kennel:

iii. Dog sitter?      Yes      No      Unknown

If yes, please provide information about the sitter:

iv. Other?      Yes      No      Unknown

Please provide information:

g. In what dog activities will the dog participate?

h. My Keeshond will be alone (with no humans) for:

hours a day

days of the week

i. If you move in the future, what will happen to your pets?

j. Are you willing to take the dog for regular (yearly) veterinarian visits and keep current on appropriate vaccinations?

Yes      No

k. Do you know to care for a Keeshonden coat and trim nails? Do you use a professional grooming service?

Yes      No

l. Are you aware that a Keeshond:

i. has a heavy coat      Yes      No

ii. sheds seasonally      Yes      No

iii. is relatively active for its size      Yes      No

iv. may bark to protect its territory      Yes      No

v. may dig holes      Yes      No

m. Do any household members have allergies?      Yes      No

If yes, indicate to what:

n. My Keeshond will not be permitted in certain parts of the house?      Yes      No

o. My Keeshond will be allowed on furniture?      Yes      No

p. Are you familiar with the use of crates?      Yes      No

q. Are you willing to use a crate, if necessary?      Yes      No

r. Are you planning to do any special activities with your dog?      Yes      No

## 6. Consent and references

a. Your veterinarian's contact information: (vet used in past five years)

Name:

Address 1:

Address 2:

City:

Province:

Phone:

Email address:

Website Address:

**We will ask this vet for a reference.**

b. Home Visit

**We require a home check by a current Keeshond Rescue of Ontario member before all placements.**

I have read the above statement and I understand that a home check is a requirement.

Initial:

I agree to allow a home check.

Initial:

I agree to allow reasonable follow up visits.

Initial:

c. Provide three personal references that can attest to your interest, interaction, and feelings about animals in general and dogs in particular:

1. Name:

Relationship to you:

Address 1:

Address 2:

City:

Province:

Day Phone:

Evening Phone:

2. Name:

Relationship to you:

Address 1:

Address 2:

City:

Province:

Day Phone:

Evening Phone:

3. Name:

Relationship to you:

Address 1:

Address 2:

City:

Province:

Day Phone:

Evening Phone:

## 7. Consent and signatures

c. I UNDERSTAND THERE IS A NONREFUNDABLE MONETARY DONATION REQUIRED AT TIME OF ADOPTION.

Write in the word Yes or No and initial:

d. I understand and agree that if I am, at any time in the future, unable to care for my adopted dog, the dog is to be returned to Keeshond Rescue of Ontario. The dog may not be abandoned, given or sold to anyone else, or turned over to any shelter, pound, humane society or similar organization.

Please initial to indicate your acknowledgement and that you agree with this clause by initialing here:

e. By signing below, I certify the information provided by me is true to the best of my knowledge and I recognize that any misrepresentation of that information will result in my losing the privilege of adopting a rescue Keeshond. I understand that Keeshond Rescue of Ontario has the right to deny my request to adopt a Keeshond, and I authorize checking of all information provided in this application.

Signature

Date

Please submit this form to Sarah Keefer, the Secretary for Keeshond Rescue of Ontario

Fill out online at:

<http://www.keeshondrescueofontario.com/KROFormsindevelopment.html>

Send a .doc file attached to an email to:

[sarah.keeper@nexicom.net](mailto:sarah.keeper@nexicom.net)

Post:

Dr Sarah Keefer

221 Hayes Line

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Omemeo ON

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