



Mail completed form to:

Keeshond Rescue Ontario Inc
Box 155
Cumberland Beach ON L0K 1G0

Or scan and email to: info@keeshondrescueontario.com

Adoption Application

Dog's Name (if no preference, enter 'None') _____

Would you like KRO to consider you for another dog if the one you're interested in isn't available or isn't a good match? Y N

Applicant's Contact And Home Information

| | | |
|---|-----------------------|-----------------------------|
| Name | | Day Phone (+ Area Code) |
| Address 1: Street No. and Name | | Evening Phone (+ Area Code) |
| Address 2 | | Cell Phone (+ Area Code) |
| Province | City/Town/Post Office | Postal Code |
| Email Address | | |
| Residence is a: <input type="checkbox"/> Single Family Dwelling Owned <input type="checkbox"/> Rented <input type="checkbox"/> <input type="checkbox"/> Multi-unit Dwelling Owned <input type="checkbox"/> Rented <input type="checkbox"/> | | |

Who lives in your home? Please include names and ages of all humans who live in your home. Use reverse if more room is required. BE SURE TO INCLUDE YOURSELF!

| Name | Age |
|------|-----|
| | |
| | |
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| | |
| | |

Section 1 Pet Ownership

DOGS Please include all the dogs you **currently own**. Use reverse if more room is required.

| Name | Breed | Age | Gender | Altered |
|------|-------|-----|---|---|
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

Section 1 History of Dog Ownership

DOGS List any dogs you owned in the previous 10 years that aren't included above. Use reverse if more room is required.

| Name | Breed | Age | Gender | Altered |
|------|-------|-----|---|---|
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

What happened to your last dog?

Are all of your dogs current on required vaccinations? Y N

Are all of your dogs current on annual checkups? Y N

Please provide the following information on heartworm prevention for your other dogs:

1. Dog(s) are on heartworm preventative and ARE tested annually.
2. Dog(s) are NOT on heartworm preventative but ARE tested annually.
3. Dog(s) are NEITHER on heartworm preventative NOR tested annually.

CATS Include all cats you currently own and those you have owned in the past 10 years

| Name | Breed | Age | Gender | Altered |
|------|-------|-----|---|---|
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
| | | | M <input type="checkbox"/> F <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |

Are all cats current on all required vaccinations? Y N

Are all cats current on annual checkups? Y N

Please list any other pets/animals you have owned in the past 10 years.

Section 2 Caring For Your Keeshond
Please answer all questions. There are no right or wrong answers or trick questions.

Why do you want a Keeshond?

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

Who in your family will be responsible for

1. Feeding _____
2. Exercise _____
3. Veterinary Care _____
4. Training _____

Will the dog be kept primarily indoors or outdoors?

How will the dog be exercised?

When you are away (vacations, business) what will happen to your dog?

1. Travel with you
2. Placed in a boarding facility/kennel
If yes, please provide information about the boarding facility/kennel:

3. Dog sitter: In your home In sitter's home
If yes, please provide information about the sitter:

4. Other (please explain):

What, if any, activities will the dog participate in? (e.g. agility, obedience, pet therapy, etc.)

Section 2 Continued Caring For Your Keeshond
Please answer all questions. There are no right or wrong answers or trick questions.

How many hours per day will your Keeshond be alone without human interaction and supervision?
 _____ Hours per day _____ Days of the week

What will happen to your pets if you move in the future?

Will you take the dog for annual veterinarian visits and keep current on appropriate vaccinations? Y N

Do you know how to care for a Keeshonden coat? Y N

Do you know how to trim a dog's nails? Y N

Do you or will you use a professional grooming service? Y N
 If you currently use a groomer, please provide us with contact information in Section 3 below.

- Are you aware that a Keeshond:**
- 1. has a heavy coat? Y N
 - 2. sheds seasonally? Y N
 - 3. is relatively active for its size? Y N
 - 4. may bark to protect its territory? Y N
 - 5. may dig holes? Y N
 - 6. prefers to always be with its humans? Y N

Do any household members have allergies? Y N

If Yes, are any of the allergies to ANY kind of animal fur and/or dander? Y N

Will the dog be allowed on the furniture? Y N

Are you familiar with the use of crates? Y N
 Are you willing to use a crate if necessary? Y N

Section 3: Signatures and Consent for Release of Information and Consent to KRO to use any photos of the rescue dog in promotional materials

I give Keeshond Rescue Ontario Inc. permission to obtain additional information regarding my application from the individuals named below and I understand that ALL references will be contacted including my veterinarian and groomer if listed.

_____ Date: 20____ Month_____ Day_____

Signature of Applicant

| | |
|---|----------------------------|
| Veterinarian's Name (vet you have used in the last five years) | Phone (+ Area Code) |
|---|----------------------------|

Address 1: Street No. and Name

| | |
|------------------|------------------------------|
| Address 2 | City/Town/Post Office |
|------------------|------------------------------|

| | | |
|-----------------|--------------------|----------------------|
| Province | Postal Code | Email Address |
|-----------------|--------------------|----------------------|

Website Address

| | | | |
|---|-------------|---------------------|-----------------------------|
| Groomer's Name (if you use a professional groomer) | | | Phone (+ Area Code) |
| Address 1: Street No. and Name | | | |
| Address 2 | | | City/Town/Post Office |
| Province | Postal Code | Email Address | |
| Provide THREE personal references (no more than ONE relative) who will attest to your interest in, interactions with, and feelings about animals in general and dogs in particular. PLEASE DO NOT LIST YOUR VET AS ONE OF YOUR PERSONAL REFERENCES. | | | |
| 1. Name | | Relationship to you | Day Phone (+ Area Code) |
| Address 1: Street No. and Name | | | Evening Phone (+ Area Code) |
| Address 2 | | | City/Town/Post Office |
| Province | Postal Code | Email Address | |
| 2. Name | | Relationship to you | Day Phone (+ Area Code) |
| Address 1: Street No. and Name | | | Evening Phone (+ Area Code) |
| Address 2 | | | City/Town/Post Office |
| Province | Postal Code | Email Address | |
| 3. Name | | Relationship to you | Day Phone (+ Area Code) |
| Address 1: Street No. and Name | | | Evening Phone (+ Area Code) |
| Address 2 | | | City/Town/Post Office |
| Province | Postal Code | Email Address | |
| <p>We require a home check by a current member of Keeshond Rescue Ontario Inc. before all placements. Please initial to show that you have read this requirement and agree to allow a home check and reasonable follow-up visits.</p> <p>Initial: <input type="checkbox"/></p> <p>We agree to allow Keeshond Rescue Ontario Inc. to use any photos of the rescue, foster, and adopted Keeshond received as updates and/or that KRO has in its possession in any promotional materials as KRO sees fit.</p> <p>Initial: <input type="checkbox"/></p> <p>Please initial if you would like to give permission to Keeshond Rescue Ontario Inc. to share your application with other Keeshond rescue groups should KRO not have the rescue dog for you.</p> <p>Initial: <input type="checkbox"/></p> | | | |