|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dog’s Name (if no preference, leave blank)  Would you like us 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 & Home Information | | | | | | | | | |
|  | | | | | | | | | |
| Name | | | | | | Day Phone | | | |
| Address 1: Street No. and Name | | | | | | Evening Phone | | | |
| Address 2 | | | | | | City/Town/Post Office | | | |
| Province/State | Postal Code | | | Country | | | | | |
| Email Address | | | | | | | | | |
| Residence is:  Rented  Owned  Single Family Dwelling  Rented  Owned  Multi-unit Dwelling | | | | | | | | | |
| **Including yourself**, who lives in your home? Please include names and ages of all humans who live in your home. | | | | | | | | | |
| Name | | | | | | | | Age | |
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| Section 1 Pet Ownership | | | | | | | | |
|  | | | | | | | | |
| **DOGS** Please include all the dogs your currently own. | | | | | | | | |
| Name | | Breed | Age | | Gender | | Altered (spayed/neutered) | |
|  | |  |  | | M  F | | Y  N | |
|  | |  |  | | M  F | | Y  N | |
|  | |  |  | | M  F | | Y  N | |
|  | |  |  | | M  F | | Y  N | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1b History Of Dog Ownership | | | | |
|  | | | | |
| **DOGS** List any dogs you owned in the previous 10 years that aren’t included above. | | | | |
| Name | Breed | Age | Gender | Altered |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
| 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.  Y  N 2. Dog(s) are NOT on heartworm preventative but ARE tested annually.  Y  N 3. Dog(s) are NEITHER on heartworm preventative NOR tested annually.  Y  N | | | | |
| CATS Include all cats you currently own and those you have owned in the past 10 years. | | | | |
| Name | Breed | Age | Gender | Altered |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
|  |  |  | M  F | Y  N |
| 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. | | | | |
|  | | | | |
| 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?  Indoors  Outdoors | | | | |
| How will the dog be exercised? | | | | |
| When you are away (vacations, business) what will happen to your dog?  Travel with you  Placed in a boarding kennel  If yes, please provide information about the boarding facility/kennel:      Dog sitter  In your home  In sitter’s home  If yes, please provide information about the sitter:      Other arrangements when owners travel (please explain) | | | | |
| Do you plan to do any activities with your dog? (agility, obedience, pet therapy, etc.) | | | | |
| How many hours per day will your Keeshond be alone without human interaction and supervision        Hours per day       Days per week | | | | |
| Do you have a fenced in yard?  Y  N | | | | |
| What will happen to your pets if you move in the future? | | | | |
| Are you willing to take the dog for annual veterinarian visits and keep current on appropriate vaccinations?  Y  N | | | | |
| Do you know how to care for a Keeshond’s 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/double coat?  Y  N 2. sheds or blows coat often?  Y  N 3. is relatively active for its size?  Y  N 4. may bark to protect its territory?  Y  N      1. may dig holes?  Y  N 2. 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 | | | | |

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| Section 3: Signatures and Consent for Release of Information and Consent to use any photos of the rescue dog in promotional materials | | | | | | | |
|  | | | | | | | |
| I give Keeshond Rescue Ontario 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).  Signature of Applicant  Date: 20       Month       Day | | | | | | | |
|  | | | | | | | |
| Veterinarian’s Name | | | | | Phone | | |
| Address 1: Street No and Name | | | | | | | |
| Address 2 | | | | | City/Town/Post Office | | |
| Province/State | Postal Code | | Email Address | | | | |
| Website Address | | | | | | | |
|  | | | | | | | |
| Groomer’s Name (if you use a professional groomer) | | | | | Phone | | |
| Address 1: Street No. and Name | | | | | | | |
| Address 2 | | | | | City/Town/Post Office | | |
| Province/State | | Postal Code | Email Address | | | | |
| Website Address | | | | | | | |
| **Provide THREE personal references** (no more than ONE relative) who will attest to your interest, interaction, and feelings about animals in general and dogs in particular. **PLEASE DO NOT LIST YOUR VET AS A PERSONAL REFERENCE**. | | | | | | | |
| 1. Name | | | Relationship to you | | | | Day Phone |
| Address 1: Street No. and Name | | | | | | Evening Phone | |
| Address 2 | | | | | | | |
| City/Town/Post Office | | | | Province/State | | | Postal Code |
| Email Address | | | | | | | |
|  | | | | | | | |
| 2. Name | | | Relationship to you | | | | Day Phone |
| Address 1: Street No. and Name | | | | | | Evening Phone | |
| Address 2 | | | | | | | |
| City/Town/Post Office | | | | Province/State | | | Postal Code |
| Email Address | | | | | | | |
|  | | | | | | | |
| 3. Name | | | Relationship to you | | | | Day Phone |
| Address 1: Street No. and Name | | | | | | Evening Phone | |
| Address 2 | | | | | | | |
| City/Town/Post Office | | | | Province/State | | | Postal Code |
| Email Address | | | | | | | |
|  | | | | | | | |
| We require a home check by a current volunteer of Keeshond Rescue Ontario 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.  Initial | | | | | | | |
| We agree to allow Keeshond Rescue Ontario to use any photos of the rescue, foster, and adopted Keeshond received as updates and/or that we have in any promotional materials as we see fit.  Initial | | | | | | | |
| Please initial if you would like to give permission to Keeshond Rescue Ontario to share your application with other Keeshond rescue groups should Keeshond Rescue Ontario not have the rescue dog for you.  Initial | | | | | | | |



