# Foster/ Adoption Application

Keeshond Affiliated Rescuers of the Mid Atlantic (KARMA) application process includes the completion of this document, 3 reference checks, veterinary reference, and a home visit. All items need to be completed before review for approval of potential foster/adopter families. We reserve the right to require and perform follow-up visits. If the applicant(s) is approved, a written contract will be executed and payment of the adoption fee ($150-$400 depending on age and circumstance of dog) will be required. Please initial to indication you understand and agree to these requirements. Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If completing form on a computer, click the  to mark your answers

**I am interested in:**

**Adoption Only**

Check here to be only considered for adopting a dog.

**Foster Only**

Check here to be only considered for fostering a dog.

**Foster-To-Adopt**

Check here to be considered for fostering a dog with the potential of adopting the dog. Fosters have first right of adoption placement with this option.

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| --- |
| Preference of dog’s gender Male  Female  No preference |
| Preference of dog’s age (check all that apply) Puppy  Young adult (1-5 years)  Older adult (6-10 years)  Senior (11+ years)  No preference |

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| --- | --- | --- | --- | --- |
| Personal Information | | | | |
| Applicant’s Name | |  | | |
| Application Date | |  | | |
| **Home information** | | | | |
| Street: | |  | | |
| City: | |  | State: | Zip code: |
| Home phone | |  | Cell phone: | |
| Email | |  | | |
| **Work information** | | | | |
| Employer name |  | | | |
| Street: |  | | | |
| City: |  | | State: | Zip code: |
| Phone |  | | Email: | |
| Are you currently a student? | | | Yes  No | |

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| --- | --- |
| General Information | |
| Why do you want to adopt or foster a dog? Explain: | |
| How long have you been looking for a dog? |  |
| Are you considering other breeds, too? | Yes  No |
| Would you consider a Keeshond mixed breed dog | Yes  No |
| Are you aware that Keeshonds have a heavy coat, shed seasonally, are relatively active, may bark to protect “his/her territory”, and may dig holes? | Yes  No |
| Do you know how and are willing to take care of the dog’s coat and trim nails? | Yes  No |
| Are you aware of the financial obligation of owning a dog?  The average cost is $500-$2,000 a year, more if animal becomes sick. | Yes  No |

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| --- | --- |
| Your History as a Dog Owner | |
| Have you ever… |  |
| had a pet that was stolen from you? | Yes  No |
| had a pet that disappeared? | Yes  No |
| had a pet that was poisoned? | Yes  No |
| had a pet that was injured or killed by a vehicle? | Yes  No |
| had a pet that died from an accident? | Yes  No |
| had to re-homed or give away a pet? | Yes  No |
| If you answered yes to any of the above questions, please explain: | |
| Has ownership of a pet resulted in litigation or court appearance?  If yes, please explain: | Yes  No |
| Have you housetrained a dog?  If yes, what method did you use? Explain: | Yes  No |
| Have you ever obedience trained a dog? | Yes  No |
| Are you planning on obedience training this dog?  Why or why not? Explain: | Yes  No |
| Have you ever crate trained a dog? | Yes  No |
| Are you willing to use a crate, if necessary? | Yes  No |
| Are you planning to move in the near future?  If you had to move, would you give up your pet(s)?  What would you do with a pet you had to give up? Explain: | Yes  No  Yes  No |

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| --- | --- | --- | --- |
| About where the dog will live | | | |
| Do you own or rent your home | Own  Rent | | |
| If rental, provide landlord’s contact info |  | | |
| Landlord Name: | Phone number: | | |
| Type of home: Single family house  Apartment  Mobile home  Multifamily house  Condo/Co-op  Townhouse | | | |
| Do you have a yard? | | | Yes  No |
| If yes, does the yard have a fenced enclosure from which the dog cannot escape? | | | Yes  No |
| What is the height of the fence?  What is the fence material? Check all that apply  Wood  Chain link  Wrought iron  Aluminum  PVC/Vinyl  Electric  Other: (explain) | | | |
| Do you use a tie-out cable or chain? | | | Yes  No |
| Do you have a doggy door? | | | Yes  No |
| Where will the dog relieve itself? Check all that apply  In fenced enclosure  On walks  Tie-out cable/chain  Other: (explain) | | | |
| How do you plan to exercise the dog? Check all that apply  Walks/hikes  Dog park  Fenced yard  Activities (ex: Agility, Flyball, Obedience)  Doggy day care  Other: (explain) | | | |
| Where will the dog be kept for most of the day? In the home  Outdoors  Combination of indoor/outdoor | | | |
| If dog spends most of day outside, is there shelter available? | | | Yes  No |
| If yes, type of shelter (check all that apply): Doghouse  Shed  Barn  Trees  Other (explain) | | | |
| Is someone home during the day who can walk/put out the dog? | | Yes  No | |
| Will dog be left home alone during most of the day?  If yes, approximately how many hours will dog be alone? | | Yes  No  Hours: | |
| What provisions will be made for the dog left home alone?  Dogwalker  Applicant/family member stops in during day  Other (explain) | | | |
| If you travel, will the dog (check all that apply)  go with you  board at a kennel  dog sitter comes to house  stay with friends/relatives  other (explain) | | | |
| Who will be responsible for: (List names of people)  Feeding  Exercising  Healthcare  Training  Grooming | | | |

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| Other Pet Information | | | | | | |
| List all pets you have currently or previously owned in the past 10 years | | | | | | |
|  | Name | Current/ Previous  (C/P) | Species  (ex.: cat, dog, bird) | Age | Gender  (M/F) | Spayed/ Neutered (Y/N) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| Are all dogs up to date on shots? | | | | | Yes  No  N/A | |
| Are all cats up to date on shots? | | | | | Yes  No  N/A | |
| Are all dogs on heartworm preventative and/or checked annually? | | | | | Yes  No  N/A | |

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| --- | --- | --- | --- | --- |
| Household Information | | | | |
| List information about people living in your household, including yourself. | | | | |
|  | Name | Age | Relationship to you | |
| 1 |  |  | Self | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| 4 |  |  |  | |
| 5 |  |  |  | |
| Does anyone in the home have allergies to dogs? | | | | Yes  No |
| Do adults work outside of the home? | | | | Yes  No  N/A |

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| --- | --- |
| Foster Questions (Required for Foster Only and Foster-to-Adopt) Complete this section **only** if you plan to **foster** or **foster to adopt** a dog. For adoption only, please skip to next section. | |
| Do you have any experience dealing with a dog from a puppy mill? | Yes  No |
| Are there any restrictions to fostering that should be considered such as time limitation, other animals, house-trained, etc.?  If yes, please explain | Yes  No |
| Can a potential adopter visit the dog at your home? | Yes  No |
| Can you transport the dog to another foster or adopter? | Yes  No |
| Can your vehicle accommodate a crate for transport? | Yes  No |
| How far would you be willing to travel to transport the dog? (Hours or miles)` |  |

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| --- | --- | --- | --- |
| References | | | |
| Please be sure to inform your references that a KARMA representative will be contacting them. | | | |
| **Veterinarian(s) used in the past 5 years. List current vet first, if more than one.**  If you have not used a vet in the past 5 years, please list the vet you are planning to use for this dog and check this box. | | | |
| **Veterinarian 1** | | | |
| Veterinarian name: | | | |
| Clinic name: | | | |
| Street: |  | | |
| City: |  | State: | Zip code: |
| Phone |  | Fax: | |
| Email |  | | |
| **Veterinarian 2** | | | |
| Veterinarian name: | | | |
| Clinic name: | | | |
| Street: |  | | |
| City: |  | State: | Zip code: |
| Phone |  | Fax: | |
| Email |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide 3 (2 must be “non-family”) personal references who can attest to your interest, interaction, and feelings about animals in general and dogs in particular** | | | |
| **Reference 1** | | | |
| Name: | | | |
| Relationship: |  | Years known: | |
| Street: |  | | |
| City: |  | State: | Zip code: |
| Home phone: |  | Cell phone: | |
| Email: |  | | |
| Best time to call: |  | | |
| **Reference 2** | | | |
| Name: | | | |
| Relationship: |  | Years known: | |
| Street: |  | | |
| City: |  | State: | Zip code: |
| Home phone: |  | Cell phone: | |
| Email: |  | | |
| Best time to call: |  | | |
| **Reference 3** | | | |
| Name: | | | |
| Relationship: |  | Years known: | |
| Street: |  | | |
| City: |  | State: | Zip code: |
| Home phone: |  | Cell phone: | |
| Email: |  | | |
| Best time to call: |  | | |

***Thank you for taking the time to complete this form.***

Please return the form to KARMA using any of these methods:

**Email to karmakeesrsq@gmail.com.** Please include “Adoption/Foster Application” in the subject line

**Fax: 804-237-0445**

**Post:** Keeshond Affiliated Rescuers of the Mid Atlantic

PO Box 268

Bena, VA 23018