# ***Foster/ Adoption Application***

***Keeshond Affiliated Rescuers of the Mid Atlantic (KARMA) requires a home visit before approval of potential foster/ adopter families. We reserve the right to require and perform follow-up visits. The Foster/ adoptive parents will be required to sign a written contract.***

**This application is to be considered for:**

|  |  |  |
| --- | --- | --- |
| [ ] **Adoption Only**(Check here to strictly be considered for an adoption.) | [ ] **Foster Only**(Check here if you have no intention of adopting and only want to foster.) | [ ] **Foster-To-Adopt**(Check here if you would like the option to adopt a dog you foster. Fosters have first right of adoption placement with this option.) |

|  |
| --- |
| ***Personal Information (Required for ALL Applications)*** |
| Date: | Click here to enter text. |
| Your Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. | State: | Click here to enter text. | Zip: | Click here to enter text. |
| Home email address: | Click here to enter text. |
| Work email address: | Click here to enter text. |
| Home phone:  | Click here to enter text. |
| Cell phone:  | Click here to enter text. |
| Work phone:  | Click here to enter text. |
| Employer Name: | Click here to enter text. |
| Employer Address: | Click here to enter text. |
| Do you attend School?  | Y |[ ]  N |[ ]
| Do you own? | Y |[ ]  N |[ ]  What type - Condo, House, Mobile Home?  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you rent, we will need to contact your landlord. Please list the name and day and night phone numbers. |
| Landlord Name:  | Click here to enter text. | Telephone: | Click here to enter text. |
| ***General Foster Questions (Required for Foster Only/ Foster-to-Adopt)*** |

|  |  |
| --- | --- |
| Why do you want to foster a dog? | Click here to enter text. |
| Do you feel comfortable dealing with potential the foster dog may have (i.e. separation anxiety, fear of men/ women/ children, noise/ thunderstorm phobias, house-training issues, etc.)? | Y |[ ]  N |[ ]
| Can you foster a male or female or either? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any experience dealing with puppy mill behaviors? | Y |[ ]  N |[ ]
| Are there any restrictions to fostering (i.e. time limit, other animals that have to be considered, house-trained, etc.)? | Click here to enter text. |
| Are you aware that the dog will have a heavy coat, sheds seasonally, is relatively active for its size, may bark to protect “territory”, and may dig holes? | Y |[ ]  N |[ ]
| Can a potential adopter visit the dog at your home? | Y |[ ]  N |[ ]
| Can you transport the dog to another foster or adopter? | Y |[ ]  N |[ ]
| Can your vehicle accommodate a crate for transport? | Y |[ ]  N |[ ]
| How far will you travel? | Click here to enter text. |
|  |
|

|  |
| --- |
| ***General Dog Questions (Required for Adoption Only/ Foster-to-Adopt)*** |
| Why do you want to adopt a dog? | Click here to enter text. |
| Are you considering any other breed? | Y |[ ]  N |[ ]
| How long have you been looking for a dog? | Click here to enter text. |
| Are you aware of the financial obligations involved in owning a dog? | Y |[ ]  N |[ ]
| Provide a detailed estimate of expenses that you think a dog will require (i.e. vet, food, licensing, etc.). | Click here to enter text. |
| Do you know how to care for a dog’s coat and trim its nails? | Y |[ ]  N |[ ]
| Are you aware that the dog will have a heavy coat, sheds seasonally, is relatively active for its size, may bark to protect “territory”, and may dig holes? | Y |[ ]  N |[ ]
| Would you consider a Keeshond mixed dog? | Y |[ ]  N |[ ]
| Do you have any experience with behavioral issues in dogs? | Y |[ ]  N |[ ]

 |

***Your History as a Dog Owner (Required for ALL Applications)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever: |  |  |  |  |
|  had a pet that was stolen from you? | Y |[ ]  N |[ ]
|  had a pet that disappeared? | Y |[ ]  N |[ ]
|  had a pet that was poisoned? | Y |[ ]  N |[ ]
|  had a pet that was killed by a vehicle? | Y |[ ]  N |[ ]
|  had a pet that died of a disease? | Y |[ ]  N |[ ]
|  had a pet that died from an accident? | Y |[ ]  N |[ ]
|  “gotten rid of” or re-homed a pet? | Y |[ ]  N |[ ]
| If you answered yes to any of the above questions, please explain in detail: | Click here to enter text. |
| Have you ever housetrained a dog? | Y |[ ]  N |[ ]
| If so, what method did you use? | Click here to enter text. |
| Have you ever obedience trained a dog? | Y |[ ]  N |[ ]
| Are you planning on obedience training this dog? | Y |[ ]  N |[ ]
| Why or why not? | Click here to enter text. |
| Have you ever crate trained a dog? | Y |[ ]  N |[ ]
| Are you willing to use a crate, if necessary? | Y |[ ]  N |[ ]
| What circumstances do you believe require re-homing of a pet? | Click here to enter text. |
| Are you planning to move in the near future? | Y |[ ]  N |[ ]

## ***Your Future Dog Plans (Required for ALL Applications)***

|  |  |
| --- | --- |
| Do you intend to keep the dog indoors, outdoors, or both? | Choose an item. |
| Do you have a dog house? | Y |[ ]  N |[ ]
| Where will this dog sleep? | Click here to enter text. |
| Do you have a yard? | Y |[ ]  N |[ ]
| If so, is it fenced? | Y |[ ]  N |[ ]
| If it is fenced, what kind of fencing? | Click here to enter text. |
| Height of fence? | Click here to enter text. |
| Is your yard completely enclosed by fencing? | Y |[ ]  N |[ ]
| If you do not have a fence or your yard is not completely enclosed by the fence, how do you plan to exercise this dog? | Click here to enter text. |
| How will the dog be pottied? | Click here to enter text. |

## ***Other Pet Information (Required for ALL Applications)***

|  |
| --- |
| List all pets you currently have by type, age, and sex. Indicate if spayed or neutered. |
| Click here to enter text. |
| Are all dogs current on shots? | N/A |[ ]  Y |[ ]  N |[ ]
| Are all dogs on heartworm preventative and/or checked annually? | N/A |[ ]  Y |[ ]  N |[ ]
| Are all cats current on shots? | N/A |[ ]  Y |[ ]  N |[ ]
| Has your ownership of a pet ever caused you to be in a court situation? | Y |[ ]  N |[ ]
| If yes, please explain. | Click here to enter text. |
| Please list all pets you have had in the past 10 years (former and current). |
| Click here to enter text. |

## ***Household Information (Required for ALL Applications)***

|  |
| --- |
| Who lives in your household? (Include all occupants, including yourself, by name and age and relationship) |
| Click here to enter text. |
| Do any household members have allergies? | Y |[ ]  N |[ ]
| If yes, indicate to what. | Click here to enter text. |
| Do all adults in the family work? | Y |[ ]  N |[ ]
| Is someone home during the day? | Y |[ ]  N |[ ]
| If nobody is home during the day, what provisions will be made for your dog? | Click here to enter text. |
| How many hours a day will the dog be alone? | Click here to enter text. |

***References (Required for ALL Applications)***

***Please be sure to contact your references prior to listing them below so that they are aware we will be contacting them.***

|  |
| --- |
| Veterinarian(s) used in the past five years. If more than one, list your primary veterinarian first. |
| Vet #1 Name: | Click here to enter text. |
| Vet #1 Address: | Click here to enter text. |
| Vet #1 Phone: | Click here to enter text. |
| Vet #2 Name: | Click here to enter text. |
| Vet #2 Address: | Click here to enter text. |
| Vet #2 Phone: | Click here to enter text. |
| If you haven’t had a vet in the past 5 years, please list the one you are planning to use for this dog and check this box. [ ]  |

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:

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Relationship: | Click here to enter text. |
| Known how long: | Click here to enter text. |
| Address: | Click here to enter text. |
| Daytime phone: | Click here to enter text. |
| Nighttime phone: | Click here to enter text. |
| Best time to call: | Click here to enter text. |

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Relationship: | Click here to enter text. |
| Known how long: | Click here to enter text. |
| Address: | Click here to enter text. |
| Daytime phone: | Click here to enter text. |
| Nighttime phone: | Click here to enter text. |
| Best time to call: | Click here to enter text. |

|  |  |
| --- | --- |
| Name: | Click here to enter text. |
| Relationship: | Click here to enter text. |
| Known how long: | Click here to enter text. |
| Address: | Click here to enter text. |
| Daytime phone: | Click here to enter text. |
| Nighttime phone: | Click here to enter text. |
| Best time to call: | Click here to enter text. |

***Return contract to Keeshond Affiliated Rescuers of the Mid Atlantic***

***Email:*** ***karmakeesrsq@gmail.com***

***Postal mail: PO Box 268, Bena, VA 23018***

***Tel: Patti – 804-654-9426***

***Thank you for your interest!***