

**Turbo Kees Foundation, Keeshond Rescue
Adoption Application**

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Attend School: Y or N

Self Employed: Y or N Other: _____

I/We live in a: House Apartment Condo Other (circle one) _____

I/We Own or Rent (circle one), If you're renting or belong to a _____

Homeowner's Association, please provide Landlord's or Association's _____

Name: _____ Phone: _____

Fenced Yard: Yes or No, If Yes, how high is fence? _____

Household has (number) Adults Children Ages _____

Family members who will be Responsible for Adopted Keeshond: _____

Feeding: _____ Exercise: _____ Vet: _____ Training: _____

Do you prefer males or females (circle one) , What age range: _____

Please give us a brief explanation about your preferences: _____

Dogs which I/We have owned:

| Breed | Name | Sex/altered? | Where kept? | Still Own? | If no why? & Age? |
|-------|------|--------------|-------------|------------|-------------------|
| | | M F Y N | | Y N | |
| | | M F Y N | | Y N | |
| | | M F Y N | | Y N | |
| | | M F Y N | | Y N | |

All dogs are/were current on Shots: Y or N On Heartworm: Y or N
Checked yearly by a Vet? Y or N (circle one)

Please tell us what happened to your last dog, or about your current dog(s)?

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When you are away (vacations, business travel, etc.) will your dog?

Travel with you? Y or N

Dog Sitter? Y or N Professional or Friend/Relative? (circle one)

Kennel? Y or N If yes, what would be the maximum number of days, and how often? _____

Other (explain): _____

Are you willing to take a dog for regular veterinarian visits, keep current on appropriate vaccinations, and preventatives, such as Heartworm? Are you willing to take necessary measures to ensure protection against Fleas and Ticks? Y or N (circle one)

Do you know how to care for a dog's coat and trim it's nails? Y or N

Are you aware that a Keeshond has a heavy coat, sheds seasonally, is relatively active for its size, may bark to protect "it's territory" and may dig holes? Y or N

If you move in the future, what will happen to your pet(s)?

Do any household members have allergies? Y or N If yes, to what?

Estimate the yearly expenses for a dog, including food, Vet care, license, etc. \$ _____

My Keeshond will be alone (w/o Humans) _____ hours a day, _____ days a week.

My Keeshond will be kept: _____ daytime _____ at night.

My Keeshond will not be permitted in certain parts of the house. Y or N

My Keeshond will not be permitted on furniture. Y or N

I am familiar with the use of crates. Y or N

I am willing to use a crate if necessary. Y or N

I am interested in doing obedience work with my Keeshond. Y or N

We do require a Home Visit with all household members, before all adoptions. Please initial here: _____ to show that you have read this requirement and agree to allow a Home Visit and reasonable Follow-up visits.

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Please provide three references that can attest to your interest and commitment towards animals in general and/or dogs in particular. Do not list your Veterinarian as a personal reference. Spouses and/or "significant others" or roommates are not permissible. You may use other relatives for no more than 2 of the references.

1) Name: _____ Relationship: _____

Address: _____

Phone: _____ (Home number's please)

2) Name: _____ Relationship: _____

Address: _____

Phone: _____ (Home number's please)

3) Name: _____ Relationship: _____

Address: _____

Phone: _____ (Home number's please)

Has another rescue group or shelter ever turned you down? Y or N

Have you applied with any other rescue group? Y or N

Have you applied with any other Keeshond Rescue groups? Y or N

Are you working with another group now? Y or N

If yes, please use a separate sheet of paper to explain in detail why; also, be advised that your application will automatically go on hold pending outcome.

I/We understand that if we have applied for a specific rescue dog, that dog may or may not be available if and when we are approved for adoption. Furthermore, I/we understand that the dog we are interested in may not be deemed suitable for my/our type of lifestyle &/or environment. If approved for adoption, Keeshond Rescue will present the rescue dogs that are available at that time and would fit well within my lifestyle &/or environment. Please initial here: _____ to show that you have read and understand this policy.

I/We understand there is a **\$350.00 (minimum) monetary donation required** at the Time of Adoption. I understand that the monetary donation may not be refunded, as outlined in the "Adoption Agreement." I/We further understand that a \$50.00 non-refundable donation must accompany this application; if the application is approved and I/we adopt, this \$50.00 donation will be applied to the adoption donation.

I/We understand that by signing below, I certify that the information I/We have given in this application is true, to the best of my knowledge. I/We recognize that any misrepresentation may result in my losing the Privilege of Adopting a Keeshond. I/We understand that Keeshond Rescue has the right to deny my/our request to Adopt a Keeshond and I/We authorize investigation of all statements in this application. I/We understand that this application shall remain the property of the Keeshond Rescue.

Signature(s): _____

Date: _____

Send completed application to:
Turbo Kees Foundation
7503 Hiawatha Drive
Wonder Lake, IL 60097
or scan & email:
bbeabass@ameritech.net