



Canine Adoption Application

Thank you for your interest in adopting a K2 Canine. Please fill out this application and either email it to K2adoptions@K2si.com or print it and bring it to our training academy:

369 Currie Road
Jackson Springs, NC 27281

The K2 Adoption Process:

- Each canine will come with medical documentation and transition food.
 - The canine will be matched with an adoptee based on the information on this application.
 - If you are requesting a specific canine, please include the canine's name on this application and email correspondence.
 - The canine pickup date will be scheduled as soon and conveniently as possible.
Pickup location:
K2 Solutions Canine Training Academy
369 Currie Road,
Jackson Springs, NC 27281
 - It is the responsibility of the adoptee to make all the travel arrangements to pick up the canine.
- K2 will not ship, transport, taxi, or hold (more than two weeks) a canine for adoption.
 - The cost of adoption for each canine is determined individually and listed on the website.
 - Payment must be made by check, cash, or acceptable credit cards at the time of pickup.



ADOPTION APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: ___ Date: _____
Street Address: _____ Apartment/Unit: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email Address: _____
Age: _____ Occupation: _____

SPOUSE/ CO-APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: ___ Date: _____
Street Address: _____ Apartment/Unit: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email Address: _____
Age: _____ Occupation: _____

HOUSEHOLD INFORMATION

Number of children in household: _____ Age of children in household: _____
Ages of adults in household (other than adopter and spouse): _____
Would you like a specific age, breed, or gender of canine? _____
Are you requesting a specific K2 Adoptable Canine? _____
Please describe your ideal canine: _____

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Maximum number of hours the canine will stay alone? _____

Where will the canine stay when no one is home? _____

Where will the canine stay during the day? _____

Where will the canine stay at night? _____

Where will the canine stay when the family is out of town? _____

Will the canine be left outside unattended at any time? If yes, please explain:

Describe the area where you live (city, suburban, rural, yard size, etc.)

Do you own or rent? If you rent, please attach written permission from the rental property owner. _____

Do you have a fenced yard? How high is the lowest part of the fence? Material type?

If the canine you adopt is not yet housebroken, what method of house training do you plan to use?

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CURRENT PET INFORMATION

How many other pets do you currently own or have living in your home?

Name of Pet: _____ Type/Breed: _____

Age: _____ Sex: _____ Temperament: _____ Spayed/Neutered: _____

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VETERINARIAN INFORMATION

(As part of our legal binding adoption agreement, your adopted dog MUST receive veterinarian care)

Veterinarian Name: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

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Phone: _____ Email Address: _____

Are your canines on heartworm preventative? If yes, what type?

Do you agree to provide your adopted canine with monthly heartworm preventatives and vaccinations?

Do you agree to provide appropriate medical care and yearly checkups for your canine?

REFERENCES

Last Name: _____ First Name: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Last Name: _____ First Name: _____

Street Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____

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ADDITIONAL INFORMATION

Comments:

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