

Application to Purchase a Pet/Companion Puppy

Name of Applicant(s):		
Home Address:		
City:	Province:	Postal Code:
Home Phone: ()	Best time to contact you:	
Work Phone: ()	_ Fax: ()	Email:
Your occupation:		
You want a (circle or highl show/breeding dog		
If you want a show or perf show/performance dogs:	0 1	ease describe your experience with
If you want a companion c	log, please descri	ibe why you choose this breed:
·		you go home at lunch break? <u>Y / N</u>
who will be dogs primary	caregiver:	
Why do you want a Shetla	nd Sheepdog?	
Is there anyone in the hom		lversely affected by care of dogs

Do any visitors bring pets to visit? <u>Y / N</u> If yes, describe:
Do ALL members of the family want this dog?
Please list ages of people with whom the dog will have frequent contact (care-givers, children, grandchildren, friends' children, etc.):
Any concerns about dog hair, dog smell, and dogs on furniture?
Do you live in a: House Townhouse Apt Duplex Condo
Do you rent or own your residence? (circle) Rent Own
If you rent, do you have landlord's permission to have a dog? (circle) YES NO
Any size restrictions on the dog you can have?
Size of fenced yard: Type and height of fence:
Type and height of gate: Is gate locked? <u>Y / N</u>
Where will the dog stay during the day?
Where will the dog sleep at night?
Is anyone home during the day? Who?
How long will the dog normally be left alone each day?
Will this be your first dog? $\underline{Y / N}$ Will this be your first Sheltie? $\underline{Y / N}$
Where (from whom) did you buy your last Sheltie?
Other dog breeds you have owned:
List any dogs or cats you have NOW, their age, and if they are spayed or neutered:
Do your current pets get along with other pets? Yes No
Have you ever sold a pet, given a pet away, returned it to the breeder, or surrendered a pet to SPCA or animal shelter? Y / N

If yes, please give circumstances:		
Have you had a pet die of age, illness, accident or euthanasia? Please explain:		
Will your dog have the run of the house, be in blocked-off portions of the house, use a crate, x-pen, be tied outside, or live in the yard?		
Will your dog be allowed on the furniture or bed?		
Are you aware that Shelties BARK, are active and they shed? $\underline{Y/N}$		
Are you able or willing to learn to manage a correct ear set and tip to ensure a correct expression? $\underline{Y/N}$		
Are you willing to ask your breeder or other sheltie breeders/knowledgeable sheltie folks in your area for assistance with your pups ears until he/she is finished teething around 6-7 months should it be required? $\underline{Y/N}$		
How often will you brush / groom the dog yourself?		
How often will you take the dog to a groomer?		
Will the dog be walked daily? Exercised in fenced yard?		
Shelties from Renée Hughes may NOT be taken to off leash dog parks (Please initial)		
Do you plan to take a puppy kindergarten course with your dog? Yes No		
Do you plan to take an obedience course with your dog? Yes No		
Do you plan to clicker train your dog? Yes No		
Shelties from Agile Shetland Sheepdogs may not be walked off leash in unfenced areas unless they have been thoroughly obedience trained. (Please initial)		
Are you aware that no dog may be allowed to roam at large? (Please initial)		

Have you ever taken an obedience course with a dog? Yes	No
What activities will you do with your dog if any: (conformation, other)?	obedience, agility
Have you ever house-trained a dog / puppy? Y/N	
Have you used a crate or x-pen to assist in training a dog (recomm	mended)? <u>Y/N</u>
When you go on holidays, who will care for your dog? Boarding kennel? Dog sitter - their home? At-home dog	g sitter?
When you are away from home all day, do you have a dog walke	r? <u>Y / N</u>
Are you aware that costs of maintaining a dog average \$600 - \$800	0 / year? <u>Y / N</u>
Age preference (check): Young puppy (age 8-12 weeks) I weeks) Puppy (16weeks – 6 months) Adolescent Pup	
Sex preference (check): Male Female No preference if any:	ence
Describe the characteristics that you want your dog to have:	
Describe the characteristics that you do NOT want your dog to ha	ave:
Please describe your family, including human visitors, visiting perholidays, and any special activities in which your dog would be in	
References (required)	
PERSONAL: name, email and phone of personal reference(s):	
VETERINARIAN: name, location and phone of most recent veter	inarian(s):

DOG CARE: name, location and 1	phone of recent groomer, dog sitter or kennel:	
I understand that a companion &	performance puppy must be spayed or neutered.	
<u> </u>	be only be available by entering into an additional	
Applicant's Signature:	Date:	
Completion of this application do available to you from Renée Hug	oes not imply or guarantee that a puppy will be hes.	
Please return this application to:	Renée Hughes 45290 Wells Rd. Chilliwack, BC V2R 1H2	
	604-858 8584 agileshelties@shaw.ca	