



**PRE-ADOPTION
APPLICATION FOR PUPPIES**

This form is designed to ask questions in order to help you and Howling Winds decide if a Shiloh Shepherd is the right breed for you. We will (with the help of the breed founder, other breeders and or animal behaviorists) gladly help you select the right puppy for you. We have been watching the puppy's behavior, personality and temperament. The information on this form helps us get to know a little bit about you. We urge you to be very honest with us about yourself and your home life, as these puppies rely on us to find the very best homes for them. Where one puppy may be perfect in a busy household, another may panic and need a quiet home. We have found that Shiloh Shepherds, indeed, have their own personalities and needs.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please take your time answering the following questions and place a check mark on the appropriate lines and answer all questions with as much information as possible. If you need more room, please use the back of this form (just make sure to put the right number next to your answer.)

1. In what type of housing do you reside? Apt/Condo Town-house Single Family
2. Do you live: In town In the country On a farm/ranch...How many acres? _____
3. Do you: Own Rent
If you rent, does your landlord permit large dogs? Yes No
Would you permit us to contact your landlord? Yes No
Landlord's name and phone number: _____
4. Do you have a fenced yard? Yes No
If yes, type of fence _____ Height of fence in feet _____
If no, are you able to leash walk your dog at least four times a day for necessary functions and exercise? Yes No If no, why not _____
5. My household consists of: _____ Adults, _____ Children, _____ Dogs, _____ Cats, _____ Birds, Other _____
My children's ages are: _____, Adult ages: _____
My dogs are (list age, sex, breed and if neutered/spayed):

6. I have owned _____ dogs in the past _____ years.

7. My dogs were: given away, killed in accidents, died of old age, euthanized because _____
Other: _____
8. Does anyone in the household have allergies? Yes No.
If yes, what type? _____
9. Do you expect to have children? Yes No
10. Do you have a person living in your household that is: elderly, handicapped, has special needs?
11. I am interested in a pet and plan to spay/neuter. Yes No
12. I am interested in showing and/or breeding. Yes No
13. I am interested in training my dog in: obedience, agility, search & rescue/herding, therapy/seeing eye, Schutzhund, other _____
14. My dog will spend most of his/her time: in the house, in the fenced yard, in a kennel run, on a chain, running loose, other _____
15. The temperament I expect from my dog, as per the following possibilities would be:

The mailman knocks at the door with a package delivery. I want my dog to:
 bark, then make friends, bark, and not make friends, bark, then chew him up,
 other: _____
16. I would like a: Male, Female, Either
17. I would like a: Plush coat, Smooth coat, Either
18. I would like a: Sable, Dual/Bi, White, Black, Not sure
19. Which family member will have the major responsibility for the dog? _____
20. How many hours a day would the dog normally be left alone? _____
21. Are you willing to crate train your Shiloh if necessary? _____
22. Do you agree to return your Shiloh Shepherd to us if you are unable to keep it? Yes No
23. Are you willing to keep the dog up to date on all its shots, screen for heartworm & use heartworm preventative? Yes No
24. Are you willing to screen your dog for heart and eye defects? Yes No
25. Are you willing to have your dog seen by a vet at least once a year? Yes No

- 26. Are you willing to have the dog's hips x-rayed (OFA or PennHip) at the age of 12 - 13 months and provide us with the report? Yes No
- 27. Who is your Veterinarian? _____ Phone #: (____) _____
- 28. Are you willing to license the dog and keep it properly identified? Yes No
- 29. Are you willing to provide us with follow up reports as needed? Yes No
- 30. Are you willing to pay the shipping charges for this dog? Yes No
- 31. Please list 3 references (2 if you have a current Veterinarian.) Please include complete name, address and phone number.
 - a. _____
 - b. _____
 - c. _____

By signing this application, I (we) authorize the Veterinarian listed on this application to release information to Howling Winds.

Applicant's signature: _____ Date: _____