

## Pre-Adoption Puppy Application

This form is designed to ask questions in order to help you and Epic Shilohs decide if a Shiloh Shepherd is the right breed for you. We will (with the help of the Breed Founder and other ISSR Licensed Breeders) 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: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code / Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

***Please circle the answers.***

What is the best method to reach you?                      Email                      Home Phone                      Work Phone

***Please take your time answering the following questions and circle the answer that best describes your situation. We ask that you answer all the questions with as much information as possible, if you need more room please use the back of this form (just make sure you put the right number next to you answer).***

1. In what type of housing do you reside?

Single Family House                      Apartment / Condo                      Townhouse

2. Do you live in the:                      city                      country                      farm/ranch (how many acres?) \_\_\_\_\_

3. Do you:                      own                      rent

If you rent, does your landlord permit 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 in 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 4 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 are ages: \_\_\_\_\_, adults are ages: \_\_\_\_\_

My dogs are (list age, sex and breed and if spayed/neutered):

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

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 willing to consider showing and/or breeding:                  Yes                  No

13. I am interested in training my dog in the following:

Obedience      Agility      Search & Rescue      Herding      Therapy      Rally-O

Freestyle      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 and then make friends.      Bark and not make friends.      Bark and then chew him up.

If other please explain: \_\_\_\_\_

16. I would like a:      Male                  Female                  Either

17. I would like a:      Plush                  Smooth                  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 screen your dog for heart and eye defects?                      Yes      No

24. Are you willing to have your dog seen by a vet at least once a year?              Yes      No

25. Are you willing to have the dogs hips x-rayed (OFA or PennHIP) at the age of 12-13 months and provide us with the report?      Yes      No

26. Who is your Veterinarian? \_\_\_\_\_ Phone #: (\_\_\_\_\_)\_\_\_\_\_

27. Are you willing to license the dog and keep it properly identified?              Yes      No

28. Are you willing to provide us with follow up reports as needed?                      Yes      No

29. Are you willing to pay shipping charges for this dog?                              Yes      No

30. Please list 3 references (2 if you have a current Veterinarian). Please include complete name, address and telephone number.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

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

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_