

Adoption Application

Mail To:

Southland Sheltie Rescue Inc.

261 N. Marian St.

La Habra,CA 90631

Name_____

Daytime Telephone_____

Evening Telephone_____

Cell Phone_____

Email Address_____

Street Address_____

City_____

State_____

Zip Code_____

Occupation_____

1. Why do you want a Sheltie?_____

2. Have you ever owned a Sheltie before? Yes_____ No_____

If so please explain._____

If yes, please specify sex, color, and if you still have the Sheltie_____

3. Do you intend to keep this dog primarily indoors or outdoors? _____

Please elaborate _____

4. Do you have any other animals? _____

Please list what kind and sex: _____

5. Do you have children? _____

If so, what number and ages? _____

If not, do children visit often? _____

6. What type of dwelling do you live in? _____

7. Do you have a fenced yard? _____

What type of fencing? _____

8. Is someone home during the day? _____

9. Do you have a gender preference? _____

10. Would you consider adopting a dog of the opposite sex? _____

An older dog? _____

Oldest acceptable age? _____

Color preference? _____

Second choice on color preference? _____

11. What size Sheltie do you prefer? _____

12. Would you be willing to allow a Sheltie Rescue member visit your home? _____

13. How did you hear of Southland Sheltie Rescue, Inc.? _____

14. Please tell us briefly about yourself so we can match the right Sheltie to your home and lifestyle. _____
