

# RueChère Tibetan Terriers

Cheryl Zahradka  
8960 186th Ave. N.E.  
Forest Lake, MN. 55025  
651-464-7901

## Applicant Information

Name of Applicant \_\_\_\_\_

Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

HOUSEHOLD MAKEUP: Provide the following information for all members (full or part time) of your household.

Name	Relationship to Applicant	Age	Wants a Dog?	Home FT or Work Schedule

List all pets that are currently part of your household.

Name	Breed/Type	Age	Indoor/Outdoor	M/F	Spayed/Neutered

## PREFERENCES OF ADOPTIVE FAMILY

Male or Female: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Timing - When would you like to add a dog to your family? \_\_\_\_\_

If there is not a dog available then, would you like to be placed on a waiting list? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other preferences? \_\_\_\_\_

\_\_\_\_\_

**ENVIRONMENT:**

Will this dog be primarily an indoor or outdoor dog? \_\_\_\_\_

On average, how many hours will this dog be alone during the day? \_\_\_\_\_

How will this dog be confined outdoors (i.e. fenced yard, kennel, cable run, tether)? What is the size of the area? \_\_\_\_\_

Once trained, how and where will this dog be confined indoors when no one is home (i.e. crate, gates, doors, none)? \_\_\_\_\_

Once trained, how and where will this dog be confined at night (i.e. crated, gates, doors, none)? What is the size of the area? \_\_\_\_\_

**PRIMARY RESPONSIBILITIES: Who will be responsible for the following activities?**

Feeding: \_\_\_\_\_

Grooming (combing, brushing, nails, teeth, clipping): \_\_\_\_\_

Letting in and out (potty breaks): \_\_\_\_\_

Taking for walks: \_\_\_\_\_

Cleaning up exercise area and how often: \_\_\_\_\_

House training: \_\_\_\_\_

General training (puppy classes, obedience, general behavior): \_\_\_\_\_

**MISCELLANEOUS:**

How did you become introduced to this breed and what characteristics do you find appealing?

\_\_\_\_\_

Please list the dogs that you have owned in the past.

Breed of Dog	Owned from (date) to (date)	Age of Dog	What happened to him

List the types of training in which you have ever participated (i.e. puppy class, obedience, agility, none).

\_\_\_\_\_

**REFERENCES (Veterinarians, dog training instructors, friends, relatives):**

Name	Relationship	Know for how long	Phone number

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_