Name

Mystique Shelties

Nancy L. Keen

www.mystiqueshelties.com



Application for Performance/Companion Puppy

ivanic.	
Age:	
Address:	
City / State / Zip:	
Phones: Home:	Work:
E-mail Address:	

Have you ever owned a Sheltie before?

Why do you want a Sheltie and what are your plans for this puppy?

Are you aware of Sheltie needs such as regular grooming and exercise?

Please tell us about your past and present pets. Include breed, sex, spay/neuter, age you got pet, age you lost pet, and what happened to the pet.

Have you ever turned a dog into Rescue? If yes, please explain the circumstances.

Have you ever given a dog away? If yes, please explain the circumstances.

Do you (or did you) always keep all of your pets up to date on all shots? On heartworm prevention medication? On flea prevention medication?

What is the Business name, address, phone number, and name of your Vet?

Who lives in your home? What are their ages?

Do you have a fenced yard for the dog? If no, how do you plan on exercise and relief for the dog?

Is there someone at home during the day with the dog? If no, can someone come home to let the dog outside during the day? Where will the dog stay while home alone?

Do you realize this dog is being sold on limited registration with the understanding that you will spay/neuter this puppy at an age stipulated by the breeder, if it has not already been done?

Do you have a color, sex, or size preference?

Have you ever participated in AKC events such as therapy, obedience, agility, tracking, herding, etc with your sheltie?

Do you plan on competing in AKC events such as therapy, obedience, agility, tracking, herding, etc with your sheltie?

PLEASE COMPLETE, COPY, AND PASTE THIS TO AN E-MAIL and send to mystiquesh@comcast.net