



Greater Spokane Shetland Sheepdog Club, Inc. Adoption Application

The answers you provide on this application will help us find the best possible match for you and your family. Any false statements will cause this application to be denied.

Name: _____ Home Phone: _____

Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip: _____ Best Time to Call: _____

E-mail Address: _____ Occupation: _____

About the Sheltie you wish to Adopt:

Sex preferred: (circle one) Male Female Either	Acceptable age range:
Color Preferred:	
Indicate all plans for this dog: <input type="checkbox"/> Pet <input type="checkbox"/> Obedience <input type="checkbox"/> Agility <input type="checkbox"/> Flyball <input type="checkbox"/> Other _____	Where will this dog spend its day? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Crate indoors <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outdoor Kennel <input type="checkbox"/> Fenced yard <input type="checkbox"/> Other _____
Where will this dog spend the night? <input type="checkbox"/> Loose indoors <input type="checkbox"/> Crate indoors <input type="checkbox"/> Basement <input type="checkbox"/> Garage <input type="checkbox"/> Outdoor Kennel <input type="checkbox"/> Fenced yard <input type="checkbox"/> Other _____	What would you say are the "pros" about this breed?:
How many hours each day, on average, will this dog be left alone?	What would you say are the "cons" about this breed?:

About you and your family:

Have you owned a Sheltie before? _____

What experience do you have with dogs? Pet Training Showing Breeding
 Other _____

How many dogs have you owned in the last 7 years? _____

What breeds? _____

Adoption Application
Page 2 of 2

Do you have a regular veterinarian? Yes No

If yes, Vet's name: _____ Clinic Name: _____

Phone Number: (____) _____ - _____

Personal Reference: _____ Phone Number: (____) _____ - _____

Relationship: _____ How long known: _____

Do you understand that GSSSC requires all adopted dogs to be altered?..... Yes No

Do you agree to license your sheltie and keep it updated?..... Yes No

Do you agree to provide regular healthcare to your new sheltie?..... Yes No

Do you agree to contact GSSSC if you can no longer keep this sheltie?..... Yes No

Indicate your home: House Apartment Condo Mobil Home
 Other: _____

How long have you lived there? _____ Rent Own

If you rent, do you have permission for a dog? Yes No

Do you have a fenced yard? Yes -- describe fence type, height, gates _____

No – how will you handle the dog's exercise and toilet? _____

Do you have a separate kennel run? No Yes (describe type/height/covered) _____

List any other animals in your household, including dogs and indicate if altered: _____

Adults in Household: _____ Children (include ages): _____

Will you let a G.S.S.S.C. representative visit your home by appointment? Yes No

How did you hear about G.S.S.S.C.? _____

All of the information I have provided on this form is true and complete. I have read and agree to the Terms of Adoption.

Signature

Date

Co-Signature

Date

**G.S.S.S.C. reserves the right to refuse any application / Donations to be made out to
G.S.S.S.C. / Mail completed Application to:
Linda Barenz 2117 S. Glenn Rd., Spokane Valley, WA 99206**