



## Pre-Adoption Puppy Application

This form is designed to ask questions in order to help you and Moon Shadow 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 interested in showing and/or breeding:      Yes      No

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

Obedience      Agility      Search & Rescue      Herding      Therapy      Seeing Eye  
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, 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 keep the dog up to date on all of its shots, screen for heart worm and use  
heartworm preventative?        Yes            No

24. Are you willing to screen your dog for heart and eye defects?                            Yes    No

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

26. 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

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

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

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

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

31. 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 Moon Shadow Shilohs.

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