



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: _____