



Kansas City Sheltie Rescue, Inc.
Adoption Application
P. O. Box 57
Mission, KS 66201
Phone/Fax: (913) 384-0366

Which Sheltie are you interested in? _____

Name: _____ Spouse Name: _____

Your DOB: _____ Spouse DOB: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone: _____

E-mail address: _____

Occupation: _____ Spouse Occupation _____

Your Work Phone: _____ Spouse Work Phone _____

1. Why do you want a Shetland Sheepdog?

2. Have you ever owned a Sheltie before? Yes: _____ No _____

3. List Previous & Present pets and what happened to them: _____

4. Are/Were they Spayed/Neutered? _____ Current on Vaccinations _____

5. Were they on Flea & Heartworm Prevention? _____ What Brands _____

6. For what purpose do you want this dog? _____

7. Do you have children at home _____ Number: _____ Age(s): _____

8. Do you live in a house? _____ Apartment? _____ Condo? _____ Trailer? _____

9. Do you rent or own? _____ If you rent, landlord's phone # _____

11. Do you have a fenced yard? _____ What type of fencing? _____

12. Do all adults in the family work? _____ Is someone home during the day? _____
Number of hours a day no one will be home _____

13. What provisions will be made for your Sheltie if no one is home during the day? _____

14. Where will it sleep? at night: _____ While you are gone: _____

15. Where do your current pets spend the day? _____

16. Are other members of your household aware that you are considering adopting a dog? _____
Do any of them have any objections? _____

17. Are you prepared to accept the financial responsibilities of caring for an animal, including veterinary care, heartworm prevention, good quality food, licensing, etc? _____

18. What you do with the dog if you move? _____

19. Is anyone in your house allergic to dogs? _____

20. Are you familiar with the animal control regulations in your area? _____

21. What circumstances, in your mind, justify getting rid of a dog? _____

22. Are you willing to allow a rescue representative to visit your home by appointment? _____

23. Name and phone number of all veterinarians used in the last 8 years.

24. May we call your vet(s)? Yes _____ No _____ 25. Use the back to provide any additional information you would like to add.

By signing below, I am attesting to the truthfulness of my answers. I understand that falsification of any of the above information will be grounds to disallow adoption of a rescue Sheltie.

Date _____ Signature _____

Below for Official Use Only

Vet Reference Check by _____ Date _____

House/Fence Check by _____ Date _____