



**SK9 Scottish Terrier Re-Homers
Adoption Applications**

Today's date _____

Name _____ Address _____

City _____ State _____ Zip _____

Occupation _____

Ho Phone _____ Work Ph _____ Ext _____

E-mail _____ FAX _____

Please contact me by Work Ph _____ E-mail _____ Ho Phone _____ Fax _____

Male _____ Female _____ Either one _____ Black Scottie _____ Wheaton _____ Brindle _____

I would like to be owned by:

Preferred Age of Scottie: 10 weeks-2 years _____ 3 years to 7 years _____ 8/older _____

I would prefer one _____ two _____ Scotties. Special needs Scottie _____ Depends _____

I/we have the following pets in our home. Dogs # _____ Cats # _____ Other _____

Breed of Dog/s and age _____

Cats _____ Other _____

Are the pets spayed/neutered? _____

How long have you had these pets? _____

What type of playing does your pet/s do?_____

Who in your family is the pack leader of your pets?_____

Do you take them for walks?_____ How often?_____

Do you take any of your pets for car rides?_____

Do you have a fenced yard?_____ Pool_____ Children #_____ Ages_____

What do you like about a Scottie?_____

How many hours a day would the Scottie be alone? Explain_____

Where would the Scottie sleep?_____

Where would the Scottie be kept during the day/evening?_____

Where would the Scottie stay when on vacation or out of town?_____

Have you owned a Scottie before? If yes, what happened to him/her?_____

Is your past/present Scottie a rescue?_____ If not, where did you get him/her?

What are the characteristics of a Scottie? _____

What do you expect of a Scottie to fit into your home? _____

Rescues often are not completely house trained, are you willing to house train?

If I find a Scottie in another state, are you willing to help in transporting the Scottie either by ground transport or by air? _____

Have you ever surrendered an animal? If yes, explain _____

How do you correct unwanted behavior? _____

Have you ever attended professional dog training classes? _____

My veterinarian is _____ Ph# _____

References _____ Ph# _____

_____ Ph# _____

All applicants must agree to the following in order to be considered for a rescued Scottie:
Please place and X if you will agree to:

_____ a home visit,

_____ regular check ups by a licensed veterinarian to include all necessary medical treatment

_____ that the Scottie will not be sold or given to any other person or organization.

Thank you for taking the time to fill out this application. Every effort is made to match the personality of the rescued Scottie with your home environment.

Please mail this application to SK9 Scottish Terrier Re-Homers, P.O. Box 21304, Columbus, Oh 43221, and FAX to 614-451-8905 or E-mail: to artloar@aol.com Ph 614-579-8421

Website: www.zaronsdogforum.com