

## My Little Shadow Shih Tzu

### Puppy Adoption Application

Thank you for your interest in one of our AKC Shih Tzu puppies. Completing this application helps us ensure our puppies are placed in loving, responsible homes.

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#### Applicant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

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#### Household Information

Do you:

Own your home

Rent your home

If renting, does your landlord permit pets?

Yes  No

How many adults live in the home? \_\_\_\_\_

How many children live in the home? \_\_\_\_\_

Children's ages: \_\_\_\_\_

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## **Pet Ownership History**

Do you currently own any pets?

Yes  No

If yes, please list breeds, ages, and whether they are spayed/neutered:

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Have you owned a dog before?

Yes  No

What happened to your previous pets?

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## **Veterinary Reference**

**Veterinarian Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

**Veterinarian Phone Number:** \_\_\_\_\_

**Veterinarian Email (if available):** \_\_\_\_\_

I authorize My Little Shadow Shih Tzu to contact my veterinarian for a reference.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Puppy Information**

Are you interested in:

Male

Female

No Preference

What qualities are most important to you in a puppy?

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## Care and Commitment

Will the puppy primarily live:

Indoors

Outdoors

How many hours per day will the puppy be left alone?

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Who will be responsible for the puppy's daily care?

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## Spay/Neuter Agreement

All puppies are sold with limited AKC registration unless otherwise agreed upon in writing.

I agree to have my puppy spayed or neutered by 18 months of age.

Initials: \_\_\_\_\_

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## Deposit Agreement

A **\$500 non-refundable deposit** is required to reserve a puppy.

The deposit:

- Holds a specific puppy or pick position.
- Will be applied toward the total purchase price.
- Is non-refundable if the buyer changes their mind or is unable to complete the purchase.
- May be transferred to a future litter at the breeder's discretion if circumstances arise beyond the buyer's control.

Initials: \_\_\_\_\_

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## **Applicant Certification**

I certify that all information provided on this application is accurate and complete. I understand that submitting this application does not guarantee approval for a puppy.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Thank you for considering a My Little Shadow Shih Tzu puppy!** We are committed to finding loving, lifelong homes for every puppy we raise. 🐾