



## Painterly Toy Manchester Terrier Dog/Puppy Application

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

Applicant Name: \_\_\_\_\_ Applicant Age: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Circle your preference:

Male / Female

PET home / SHOW home

Young Puppy (under 6 mo) / Older Puppy (6mo-1yr) / Young Adult (1-5 yrs) / Adult (5 yrs +)

Why are you interested in adding a Toy Manchester Terrier to your family?

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Do you have dogs now?

\_\_\_\_YES \_\_\_\_NO

If yes, please list them below:

Age	Sex	Breed of Dog	Call Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you own dog(s), are they spayed/neutered?

\_\_\_\_YES \_\_\_\_NO

If **NO**, please explain:

\_\_\_\_\_

\_\_\_\_\_

List all other animals, including exotics, in your household:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you don't currently have pets, have you owned pets in the past? ☐ YES ☐ NO

If **YES**, please describe each pet, how long you owned it, and why it's no longer with you:

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Where do you live: ☐ House ☐ Apartment ☐ Other, Explain:

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Do you own your home: ☐ YES ☐ NO

If **NO**, do you have permission from your landlord to keep a dog? ☐ YES ☐ NO

Does your home have a yard with a fence? ☐ YES ☐ NO

If **NO** fence, what are your plans to ensure the dog has safe and proper exercise?

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If **YES**, What type fence: ☐ Chain Link ☐ Wood ☐ Other Height:

Toy Manchesters can squeeze through very small fence gaps. Have you checked your fence for gaps, including areas where a dog may be able to dig under? ☐ YES ☐ NO

Do you have a crate to keep the dog in? ☐ YES ☐ NO

How many hours a day will the dog be left alone?

Where will you keep the dog while you are out? \_\_\_\_\_

\_\_\_\_\_

What are your plans for the dog if you need to leave town or go on vacation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many adults are presently living in the home? \_\_\_\_\_ WOMEN \_\_\_\_\_ MEN

Do children live in the home? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, What are their ages? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does any family member have known allergies to dogs? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you willing to enroll the dog in obedience classes? \_\_\_\_\_ YES \_\_\_\_\_ NO

A sales/adoption contract will outline your responsibility for the lifetime of your Manchester Terrier. In the event you are no longer able to care for your Manchester Terrier, you must agree to immediately contact Catherine Masters of Painterly for suitable arrangements to be made.

Initial here to verify that you understand this: \_\_\_\_\_

Please provide a veterinary reference (Including practice name and phone number):

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Please provide 2 personal references (Including name, relationship, and phone number):

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Additional Comments:

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Thank you for completing this application! Please email your form to [painterlytmt@gmail.com](mailto:painterlytmt@gmail.com)

or mail to Catherine Masters, 812 Ridgetop Dr, Mt. Juliet, TN 37122