

SCHIPPERKE Adoption Application

Date: _____

Name(s) _____

Street Address _____

City/State/ZIP code _____

Telephone (_____) _____ E-Mail _____

1. Ages of children living at home or frequently visiting:

2. Family member(s) wanting a dog?

3. Why do you want a Schipperke?

4. Pets you presently own: (and from where obtained)

5. Pets previously owned and number of years owned:

7. How will you walk your dog? Do you have a fenced area?

8. Where will you keep your Schipperke:

During the day? _____

During the night? _____

Do you have a crate? Yes No

9. What are your preferences: male female

Age: under 3 years 3 - 6 years old Over 6 years old

10. Have you ever attended a dog obedience class? Yes No

Would you be willing to attend one? Yes No

11. Have you ever adopted an animal before? Yes No

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From where? _____

12. Would you accept an animal that needs special medical care or diet? Yes No

13. Can you cope with a dog that is not totally housebroken? Yes No

14. Are you willing to make a life-long commitment to a Schipperke? Yes No

15. Who is your Veterinarian? Name and address

16. Is there anything special you would like or not like in the pet you adopt?

17. Do you have any special situations we should consider in choosing your pet?

Signature of Applicant: _____

Thank you for taking the time to answer these questions. Please return this form to:

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Date received _____ Dog Placed _____