

Prospective Owner Information

Date _____ Date(s) Visited _____

Name(s) _____

Address _____

Residence Phone () _____ Work Phone () _____

Household & Community

Members of household with childrens ages and adults occupations:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

What are family's favorite forms of recreation? _____

Is someone at home during the day? _____

Live in a house? _____ Condominium? _____ Apartment? _____ Rent or Own? _____

Fenced yard? _____ Do neighbors have dogs? _____ Breed or type? _____

Does community or homeowners' association have any restrictions regarding dogs? _____

Does city or county have a spay/neuter requirement for dog ownership? _____

Routine Care and Ownership

How or where would the dog spend the day as a puppy? _____

As an adult? _____ Where Sleep? _____

For what periods of time would the dog be left alone? _____

Able to spend more time with a puppy when it first goes home? _____

How plan to manage the routine care and grooming of a Soft Coated Wheaten Terrier? _____

Own a dog or any pets at the present time, and what are their ages? _____

Owned a dog in the past? Please explain _____

Choices, Goals, and Experience

Strong feelings about owning a male or female dog, and why? _____

Puppy? _____ Older Dog? _____

Want a Wheaten as a: Companion/Pet _____

Show Prospect _____

Obedience Prospect _____

Protection Animal _____

Breeding Prospect _____

Any experience in showing, obedience training or breeding? _____

Ever attended a dog show or obedience trial? _____

Prospective Owner Information

Referrals

How became interested in the Soft Coated Wheaten Terrier? _____

How referred? _____

Name of intended Veterinarian: _____

Address and phone number _____

Please list two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please mail the completed questionnaire to the address below:

Cynthia Hollis
8655 Hwy. 269
Bell Buckle Road
Christiana, TN 37037