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APPLICANT INFORMATION:

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 City, State, Zip code: \_\_\_\_\_ Referred By: \_\_\_\_\_

HOUSEHOLD MAKEUP: Provide the following information for all members (full or part-time) of your household.

Name	Relationship	Age	Home FT or Work Schedule
	Applicant		

List all pets that are currently part of your household.

Name	Type / Breed	Age	Indoor / Outdoor	M / F	Spayed / Neutered

PREFERENCES OF ADOPTIVE FAMILY

Male or Female: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Show Prospect: \_\_\_\_\_ Any Show experience? \_\_\_\_\_

Pet Only: \_\_\_\_\_ Either: \_\_\_\_\_

If you decide on a pet Havanese, are you aware that it will be sold with limited registration on a spay/neuter agreement?

Timing - When would you like to add a dog to your family? \_\_\_\_\_

If there is not a dog available then, would you like to be placed on a waiting list? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other preferences? \_\_\_\_\_

ENVIRONMENT:

Will this dog be primarily an indoor or outdoor dog? \_\_\_\_\_

On average, how many hours will this dog be alone during the day? \_\_\_\_\_

How will this dog be confined outdoors (i.e. fenced yard, kennel, cable run, tether)? What is the size of the area?

\_\_\_\_\_

Do you have an inground or above ground swimming pool? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is it fenced separately for the rest of the yard? Yes \_\_\_\_\_ No \_\_\_\_\_

Once trained, how and where will this dog be confined indoors when no one is home (i.e. crate, gates, doors, none)? What is the size of the area?

\_\_\_\_\_

Who will be the primary caregiver for this dog? \_\_\_\_\_

MISCELLANEOUS

Do you belong to a kennel club? \_\_\_\_\_

Are you aware of the possible illnesses associated with this breed? \_\_\_\_\_

How did you become introduced to this breed and what characteristics do you find the most appealing?

\_\_\_\_\_

Please list the dogs that you have owned in the past.

Breed of Dog	Owned from (date) to (date)	Age of dog	What happen to him

List the types of training in which you have ever participated (i.e. puppy class, obedience, agility, flyball, none).

\_\_\_\_\_

REFERENCES (Veterinarians, dog training instructors, friends, relatives):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name	Relationship	Known for how long	Telephone Number

Other comments or information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_