



Shih Tzu Rescue of Minnesota, Adoption Application

P.O. Box 46562
Eden Prairie, MN 55344
Email: SHTZRMN@yahoo.com

Personal Information: (STRMN does not allow a person to apply for a dog to give as a gift)

Your Name/or Co-Applicants name _____

Address: _____

City, State, Zipcode: _____

Phone Numbers: Home _____ Work _____

E-Mail address: _____ Best time to reach you: _____

Your Occupation/Work Place:

Household members, and their **ages (including your own)**:

Do you have children other than those living at home, or grandchildren that would be visiting frequently?

Briefly tell us why you want to adopt a Shih Tzu:

Housing:

Do you Rent _____ Own _____

Single Family home _____ Townhome/Condo _____ Apartment _____ Other: Please list _____

Do you have a Fenced in yard? Yes _____ No _____ If yes, describe the type of fence _____

If No, how will the dog get exercise or relieve itself?

Does your home have a swimming pool? Yes _____ No _____ Is it fenced? Yes _____ No _____

Do you have restrictions regarding pets in your association or neighborhood? Yes _____ No _____ Don't know _____

Does your town or city have restrictions on the number of pets you can own? Yes _____ No _____ Don't know _____

Are you planning on moving in the near future? Yes _____ No _____

If and when you move, will you look for housing where pets are allowed?

Are there smokers in your household? ___No ___Yes

This breed has very short nasal passages, and because of this can be prone to respiratory and allergy issues. STRMN does NOT allow adoptions to homes with smokers. The dog's future health is our priority.

Preferences:

Briefly describe the dog you would like: Age, gender, personality etc.

Is there a particular dog we have up for adoption that you are interested in? Yes _____ No _____

If yes, which dog? _____

Would you consider adopting a pair if they can't be separated? Yes _____ No _____

Are you willing to adopt a dog that may have experienced some form of abuse or neglect that **might** require extra love and patience to get over some shyness and/or fears?

Yes _____ No _____ I'd like more information _____

Are you willing to adopt a dog that has special medical needs and might require a special diet, medications (a pill, eye or ear drops) etc.?

Yes _____ No _____ I'd like more information _____

Are you willing to consider a Shih Tzu Mix? Yes _____ No _____

Have you ever had a Shih Tzu before? Yes _____ No _____

Care and Responsibility

Are you aware of the special grooming and common health problems of the Shih Tzu breed? Yes _____ No _____

Are you willing to pay a groomer to groom your Shih Tzu every 6-8 weeks? Yes _____ No _____

Are you willing to brush the dog's coat daily, pluck the hair from inside the ears to prevent infection (performed by you, a Vet, or a groomer), and clean the eyes daily if necessary? Yes _____ No _____

Can you commit to providing all necessary medical care for this dog for its lifetime? Yes _____ No _____

What provisions would you make for this dog if you were unable to care for it any longer?

How many hours would your dog be left alone each day: _____

Where will your dog be kept during the hours it is left alone?

If necessary, would you be able to come home after 4 hours to let the dog out to relieve itself, or make arrangements for someone else to do so? Yes _____ No _____

Where will your Shih Tzu sleep at night?

How long will your Shih Tzu be left outside?

Who will have primary responsibility for caring for the dog?

Does anyone in your home have allergies or asthma? Yes _____ No _____

What will you do if a family member or current pet does not get along with your new Shih Tzu?

Are you willing to rehousetrain your Shih Tzu during the transition period in your home? Yes _____ No _____

We cannot guarantee a dog is 100% housetrained. Most have begun housetraining in their foster homes; however, ALL dogs will have to be re-trained to some extent at their adoptive homes, due to a new sleeping and feeding routine. This not just for rescue dogs, ANY dog going to a new home will have to be re-trained at least to some extent!

Describe your method of discipline for a dog:

Are you able to physically walk/exercise a dog 2 times a day? _____ Are you willing to commit to doing this if this dog needs exercise? _____

Who will watch your dog when you are out of town or on vacation?

History of Pet Ownership

What dogs do you **currently** have? (please include name of dog, breed, gender, whether spayed or neutered, age, how long owned, and where kept)—what year did you get them?

1.

2.

3.

Do you have any other pets? If yes, please describe:

****Upon the advice of our Canine Eye Specialist, STRMN may decide not to adopt a Shih Tzu into homes with cats that are not declawed.** This is because of the Shih Tzu protruding eyes, and their inquisitive, playful nature with many cats.

1.

2.

Please list all the dogs **you have had in the past & explain what happened to them**

Please include name of dog, breed, gender, whether spayed/neutered, age, how long owned (the years in which you owned them), & what happened to them:

1.

2.

3.

References:

Please provide **THREE** references, to include your **Veterinarian** and **Groomer** if you have one. **Only 1 relative** may be used. If you rent, you **must** include your landlord as a 4th reference. Please contact your references to let them know they may be called.

Veterinarian/Clinic: Best time to call is:

Name:

Address:

Phone:

Groomer: Best time to call is:

Name:

Address:

Phone:

Landlord: Best time to call is:

Name:

Address:

Phone:

Personal reference: Best time to call is:

Name:

Address:

Phone:

How does this reference know you?

Personal reference: Best time to call is:

Name:

Address:

Phone:

How does this reference know you?

Personal reference: Best time to call is:

Name:

Address:

Phone:

How does this reference know you?