

Shih Tzu Rescue of Minnesota, Adoption Application P.O. Box 46562

Eden Prairie, MN 55344
Email: SHTZRMN@yahoo.com

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

Personal Information:

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 (<u>including your own</u>):
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?NoYesYes, but not in the house, OR in the car with pets
(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
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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 left 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?

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, we are hesitant 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. However, each home will be evaluated individually in this regard.
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 <u>THREE</u> references, to include your <u>Veterinarian</u> and <u>Groomer</u> if you have one. <u>Only 1 relative</u> may be used. If you rent, you must include your landlord as a 4 th 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?