



RED RIVER DOODLES SHEEPADOODLE APPLICATION

Contact Information

First Name	M.I	Last Name

Street Address	City	State	ZIP

_____	_____	_____
Home Phone	Cell Phone	Work Phone

_____	_____
Email Address	Driver's License Number

About Your Home

Do you live in a(n):	<input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____
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Your home is:	<input type="checkbox"/> Owned by you or spouse/partner <input type="checkbox"/> Owned by someone else within the home <input type="checkbox"/> Rented directly from the owner or property management company <input type="checkbox"/> Rented as part of a group of roommates <input type="checkbox"/> Other: _____		
If renting, is your name on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, because: _____		
If renting, do you have your landlords permission to have a dog?	Landlord/Rental Number: _____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ -	
If renting, who are you renting from?	Name of Rental Property or Apartment: _____ _____ _____ _____ _____		
Who shares your household?	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Roommate(s) #: _____ _____ <input type="checkbox"/> Other: _____ _____		
Are there children in the home?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, how many?	_____ _____		
How old are they?	_____ _____		

At what age do you feel children are responsible enough to take care of a pet without assistance? (i.e. walk, feed, train)		_____ _____ _____ _____
If your present relationship/ living situation were to change and you were no longer able to care for the dog, a new application must be submitted and approved in order to transfer ownership.		_____ Initial

Do you plan to move soon?	_____	
Is someone home during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Who? _____	
How many hours will your dog be alone each day?	_____	
Where will your dog spend most of his/her day when you are home?	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Garage	<input type="checkbox"/> Yard <input type="checkbox"/> Enclosed Patio <input type="checkbox"/> Indoor/Outdoor
	<input type="checkbox"/> Other: _____	
Additional Info: _____		

Where will the dog stay when he/she is home alone?	<input type="checkbox"/> Indoor/Outdoor (doggy door) <input type="checkbox"/> Inside only (specify): <input type="checkbox"/> Run of the house <input type="checkbox"/> Crate <input type="checkbox"/> Specific room(s): _____
	<input type="checkbox"/> Outside only (specify): <input type="checkbox"/> Yard <input type="checkbox"/> Enclosed Patio <input type="checkbox"/> Garage <input type="checkbox"/> Other _____

Additional info:	

When will the dog be inside?	_____
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When will the dog be outside?	_____
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Where will the dog sleep at night?	<input type="checkbox"/> Indoor/Outdoor (doggy door) <input type="checkbox"/> Inside only (specify) <input type="checkbox"/> Run of the house <input type="checkbox"/> Create <input type="checkbox"/> Specific rooms(s): _____ <input type="checkbox"/> Outside only (specify): <input type="checkbox"/> Yard <input type="checkbox"/> Garage <input type="checkbox"/> Enclosed patio <input type="checkbox"/> Dog house <input type="checkbox"/> Other: _____
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What rooms are off limits?	_____
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Do you have a yard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip to next section)
What outside areas are available to the dog? (check all that apply)	<input type="checkbox"/> Front yard <input type="checkbox"/> Dog house <input type="checkbox"/> Back yard <input type="checkbox"/> Garage <input type="checkbox"/> Enclosed Patio <input type="checkbox"/> Other: _____	
Do you have a doggie door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your yard shared with the neighbors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your yard fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No Avg fence height: _____ Highest point: _____ Lowest point: _____	
Have you recently inspected your fences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they in good condition? (no holes or loose points)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your dog will have free access to a fenced yard, where is it located?	<input type="checkbox"/> Front yard <input type="checkbox"/> Back yard <input type="checkbox"/> Side yard	
What is the type of fence? _____		
Which of the following is used to secure your gate?	<input type="checkbox"/> Latch <input type="checkbox"/> Padlock <input type="checkbox"/> Keyed lock <input type="checkbox"/> Other: _____ <input type="checkbox"/> We do not lock our gate for the following reason: _____ _____	
If your gate does not have a lock, are you willing to install one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your gate does not have a lock, are you willing to install one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who has access to your yard? (check all that apply)	<input type="checkbox"/> Gardner <input type="checkbox"/> Housekeeper <input type="checkbox"/> Pool cleaner <input type="checkbox"/> Delivery	

	<input type="checkbox"/> Utility <input type="checkbox"/> Neighbor <input type="checkbox"/> Postal worker <input type="checkbox"/> Other: _____	
If yes, where is the dog kept while they are working? <hr/> <hr/>		
Do you trust your workers to not let the dog get out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your Experience With Dogs

How would you describe your dog owning experience?	<input type="checkbox"/> I have had dogs of my own as an adult <input type="checkbox"/> I grew up with dogs or have worked with them but not had my own as an adult <input type="checkbox"/> I have never had one or have limited experience with dogs <input type="checkbox"/> Other: _____	
Have you owned a Sheepadoodle breed before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what is your experience with them?	<hr/>	
What do you appreciate about this breed?	<hr/>	
Are you aware of the stubbornness, possible herding instincts (i.e. nipping/biting and herding), and any other issues that may be present in this breed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How are you prepared to address this should it arise? Please be specific: <hr/> <hr/>		



Grooming

Are you aware this breed should be professionally groomed every 4-8 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware that bringing your Sheepadoodle to a professional groomer will be expensive in the long run?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you also aware this breed sheds and creates mats easily in its hair and has to be brushed and combed out at least 3 days a week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to buy good brushes and combs for your Sheepadoodle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____ _____	
Would you like comb and brush recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to take your dog to the groomer after 16 weeks when he/she has had their rabies and bordetella vaccine to be socialized with clippers, blow dryers, scissors, nails being clipped, etc, and continue taking them to the groomer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____ _____	
Who is/will be your Groomer? _____		
Location of grooming salon: _____		
Business Name: _____	Phone Number: _____	
Do you need help with finding a groomer or a recommendation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many dogs have you owned in the past 5 years? _____

What happened to the other dog(s)? _____

Do you currently have pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please complete the following:

Type: _____	Breed: _____	
Gender: _____	Age: _____	Spayed/Neutered: _____

If not spayed/neutered, why? _____

How do you feel your current pets will adjust to a new dog in the house?

Have you had experience with behavioral or medical issues with your previous or current pets? If yes, please describe:

If there are children in the household, please describe their experience with dogs:

About this dog

What gender puppy do you prefer and why?	Why do you want to adopt a sheepadoodle?
<input type="checkbox"/> Male or <input type="checkbox"/> Female?	_____

Why?	<hr/> <hr/> <hr/>
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Share your reasons for wanting a dog. (Check all that apply)	<input type="checkbox"/> Family pet <input type="checkbox"/> Therapy dog <input type="checkbox"/> Companion <input type="checkbox"/> Gift for someone else	<input type="checkbox"/> Child's companion <input type="checkbox"/> Companion for another pet <input type="checkbox"/> Other
Explain other if applied:		
How will you exercise your dog?	- <hr/>	
How often?	- <hr/>	
What type of training are you interested in doing with your sheepadoodle?	- <hr/>	

Would you be willing to enroll your new pet in obedience classes?		
<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> Only if I had problems
How would you discipline your dog if they misbehaved/ chewed on things they shouldn't?		
<hr/> <hr/>		

What method do you intend to use to house train your dog? (check all the apply)

<input type="checkbox"/> Crate training <input type="checkbox"/> Section off your house	<input type="checkbox"/> Take out every 30 mins-1-2 hours if need depending on age	<input type="checkbox"/> E-collar training <input type="checkbox"/> Consult professional <input type="checkbox"/> Using a leash indoors	<input type="checkbox"/> Other: _____ _____ _____ _____
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If you crate train your dog, are you prepared for some nights of no sleep, potty breaks in the middle of the night, possible whining/howling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your sheepadoodle develops behavioral problems, what will you do?	_____ _____ _____	
In which of the following situations might you allow your dog off leash?	<input type="checkbox"/> Public park <input type="checkbox"/> Dog park <input type="checkbox"/> Hike <input type="checkbox"/> Back yard	<input type="checkbox"/> Beach <input type="checkbox"/> Neighborhood walk <input type="checkbox"/> Front yard

Additional Information

If your dog got out/ was lost, what are the steps you would take to find your pet?
1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____
What food will you feed after it is one (1) year old? (specify brand if known) _____

Dry: _____	Canned: _____	Other: _____
If wanting to add any dietary supplements or any extras, please speak with vet before doing so.		
Would you like food recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pets are an investment of your time and money. Can you honestly and truthfully afford to provide medical care, proper grooming, diet, shelter, water, and exercise for your new pet?		
<input type="checkbox"/> YES		<input type="checkbox"/> NO
Would you get health insurance for your new puppy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to make a long term commitment to care for your pet for its entire life span which can be as long as 10-15 years or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your monthly budget for your dog?	\$ _____	

Who is/will be your veterinarian? _____	
Location of veterinarian: _____	
Business Name: _____	Phone Number: _____

If you move, what will you do with your dog? (Please answer honestly)

Which of the following reasons might force you to give up your dog?
(check all that apply)

- excessive barking/ neighbor complaints
- biting/aggression/nips or bites children
- digging
- divorce/separation
- shedding/ dirty
- not trainable
- poor watchdog
- house-training problems
- financial problems
- growling/nipping at guests
- destructive chewing
- moving/relocating
- having a baby
- excessive vet bills/chronic illness
- aggressive on leash
- pets aren't getting along
- new spouse/ partner doesn't like dogs
- None of the above

other: _____

Additional comments about why you would like to adopt this particular dog:

About you

On a regular day/week...

What do you do for work? <hr/> <hr/> <hr/>	What do you do when you get home from work? <hr/> <hr/> <hr/>
Do you have an active lifestyle outside of work?	Is there anything else you would like to share about you with us that

<hr/> <hr/> <hr/>	<p>we may have missed asking or just in general as well?</p> <hr/> <hr/> <hr/>
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Please read and initial this statement below:

_____ I understand that filling out this questionnaire may not guarantee placement.

We reserve the right to refuse adoption to any applicant for any reason. This questionnaire becomes part of our contract. If refused for adoption, deposit will be returned.

Thank you, Red River Doodles