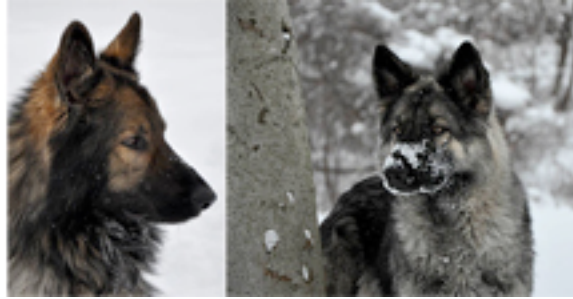


Highland Hills Shilohs



Name: _____

Email Address: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Home Phone: _____ Work Phone: _____

Occupation: _____

Who is your Veterinarian?

Name: _____

May we contact him/her? (Please Circle) Yes No

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

What are your preferences? (Please Circle)

Male Female

Coat Preference: Smooth Coat Plush Coat Either

Color Preference: Sable Dual Bi Colored White Black Doesn't Matter

How did you hear about Highland Hills Shiloh Shepherds? _____

Please list 3 references (2 if you would like to count your Veterinarian). Please include complete names, addresses and telephone numbers:

1. _____

2. _____

3. _____

Please list the names and ages of people in your household: _____

Please list the other pets in the household. Spayed/neutered: _____

Who will be the primary responsibility for the care and training of your puppy/dog? _____

Please tell us about the other dos you have owned/trained: _____

What activity level will your puppy encounter in your home: (Please Circle) High Low Noisy Quiet

What would you like your dog to do? _____

Please describe where your puppy will stay during the day: _____

Please describe where your puppy will sleep: _____

How and where do you plan to confine your puppy when you are not with him: _____

What plans do you have for house training your puppy: _____

What foods do you plan on feeding your puppy/dog? Have you considered a raw diet? _____

What exercise do you plan for your puppy/dog? _____

Do you have a fenced yard, or access to outdoor space where the puppy can safely play? (Please Circle)

Yes No

Any further questions and/or comments you may have can be included with this application. Please make your comments here:

Please return to address or email:

Gail Hamm
Highland Hills Shilohs
12002 McKinstry Road
P.O. Box 185 Yorkshire, NY 14173

gail@highlandhillshiloh.com