



Lochleven Shetland Sheepdogs, LLC



Purchase Questionnaire

Shelties are wonderful companions.

In order to make sure that each of ours finds the right home, please provide the following information. You can fill in the form on your computer, save it to your computer, then send as an attachment to one of the email addresses below. Click on the form field and type. The field will expand as you type.

Name(s) (Please indicate all names if joint ownership requested):			
Address of Principal Owner (where dog will reside):			
City, State			Postal/Zip Code:
Home Phone:	Cell Phone:	Work Phone:	E-Mail Address:
How many family members live at your home?	Adults:	Children and Ages:	
Do you have a fenced yard? What kind of shelter for the dog will you provide? What equipment do you currently have or will you purchase?			
Please tell us about the other animals in your household.			
Why do you want to buy a dog at this time?			
Why have you chosen a Sheltie for your breed?			
Do you have a preference for color? Will you accept other colors? (If so, rank in order)	No Preference <input type="checkbox"/> Sable <input type="checkbox"/> Tri (black, white & tan) <input type="checkbox"/> Blue merle <input type="checkbox"/> Bi-black (black & white, no tan) <input type="checkbox"/> Bi-blue (blue & white, no tan) <input type="checkbox"/>		
Do you prefer a male or female?	Male <input type="checkbox"/> Female <input type="checkbox"/> Why?		
Please describe the preferred "personality" that you are looking for in a Sheltie. (Activity level, sociability level, etc.)			
Have you had a Sheltie before? If yes, please describe him/her and provide AKC information. If more than one previous Sheltie, please indicate how many and describe the last one.	Full Registered Name:		
What experience do you have with dogs, specifically with raising puppies and/or training dogs? Are you willing to take the puppy/dog to training classes?			

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During a typical day, how many hours would the puppy/dog be left alone?	Week-days:	Week-ends:
Do you have a regular puppy/dog sitter for times when you are away (holidays, etc.)?		
Do you have any life style issues that may impact upon caring for a Sheltie? (i.e.: are you out of town a lot? Mobility issues, etc)		
Please provide the Name and Telephone Number of your Veterinarian.	Veterinarian's Name: Practice Name: City/town: Telephone #:	
Are you a member of any Dog Clubs or Associations? Do you plan to be?		
Do you plan on participating in dog-related activities?	Conformation Shows <input type="checkbox"/> Obedience Trials <input type="checkbox"/> Rally Obedience Trials <input type="checkbox"/> Sanctioned Matches <input type="checkbox"/> Obedience Matches <input type="checkbox"/> Agility <input type="checkbox"/> Flyball <input type="checkbox"/> Canine Good Citizen Test <input type="checkbox"/> Obedience Classes <input type="checkbox"/> Other <input type="checkbox"/>	
Do you plan to use this puppy in a breeding program? If yes, please describe your experience in breeding Shetland Sheepdogs.		
Have you ever bred puppies of any other breed? If yes, please describe your experience and indicate the breed(s) involved.		
Have you read any books on Shelties or about dogs in general?		
Is there any other information that you think may be helpful?		

Thank you. This information will not be used for any other purpose than to help us in selecting the right puppy or dog for your family.