

Scotfield Terriers

Prospective Owner Information

Date: _____

Name(s): _____

Address: _____

Residence Phone: _____ Work Phone: _____

Email: _____ Other: _____

Members of Household with children's ages and adult's occupation
(optional) _____

Family's favorite forms of recreation _____

Is someone home during the day? _____

What type of dwelling do you live in? _____

Is there a fence? _____ Describe fence _____

How/where will the puppy spend the day? _____

As an adult? _____

Where will dog sleep? _____

How much time can you spend with a puppy when it first goes home?

Own a dog or any pets presently, and what are their sex and age?

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Have you previously owned a dog?_____ An Airedale?_____

If not, why do you want an Airedale?_____

Have you ever had to give up a pet?_____

If yes, please explain the circumstances_____
