

Contact Information

First Name:	Last Name:		
Co-owner First Name:	Co-owner Last Name:		
Telephone (day):	Telephone (home):	Cell:	
Address:	City:	State:	Zip:
E-Mail Address:			

Questionnaire

Why do you want a rescued Corgi?
Have you owned other dogs before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, for how long and why do you no longer own them?
Pets presently at home, include breed, age and sex of dog:
What veterinary hospital do you currently use or have you used in the past?
Can we contact them as a reference on care of your current or prior pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the pets you have at home spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever owned a dog with behavior or training problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how did you deal with the problems?
Have you ever trained a dog for obedience or any other dog sport or activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to what level did you train, where did you train (name of trainer or school) and when?
Do you have any strong preference as to the age of the dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please explain:
Do you have a strong preference as to the sex of the dog (all dogs are spayed or neutered)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:
Are you committed to caring for this dog for his/her lifetime (about 15 years)?
Have you ever had a dog put to sleep or given him/her away? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:
Are you? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Do you have anyone living with you that is not family? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number and ages of children living with you:

Will the dog be inside/outside during the day?	At night?
Will anyone be home with the dog during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you adopt a Corgi mix? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your yard fenced with a locked gate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, type of fencing and lock?	
Do you have a swimming pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a backyard that needs to be accessible to servicemen, utility workers, pool service, lawn service or others? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain:	
You live in: <input type="checkbox"/> Own home <input type="checkbox"/> Rental home <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	
If you rent, or live in a community that has pet restrictions, please attach a copy of your lease and/or pet section of your CC&R's	

References

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Telephone (day):	Telephone (home):

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Telephone (day):	Telephone (home):

First Name:	Last Name:
Telephone (day):	Telephone (home):

Signature:	Date:
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Please send your application to:
Arizona Cactus Corgi Rescue
 8169 W. Georgia Ave.
 Glendale, AZ 85303

We thank you for your interest in giving a corgi a second chance at a wonderful life. You will be contacted once your application has been reviewed for further information.