

RAPSCALLION RUSSELLS

Puppy Questionnaire

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Please be truthful when filling out this questionnaire so we can chose the terrier that will be the best fit for your family. Hopefully the questions will help you to consider every aspect of pet ownership. There is a great deal to consider, and we are here to help if you need assistance in any area. You can return this form via email or regular mail.

Your full name _____ Phone _____

Email _____

Street address _____ City _____

Province/State _____ Postal/Zip Code _____

Ages of everyone that lives in your household _____

Who will be the primary caregiver of your RapsCALLION terrier? _____ (name and age)

How did you hear about our breeding program? (Referral, JRTCC, Facebook, etc) _____

Is anyone in your household allergic to dogs? _____ If yes, how severe and expected treatment plan _____

Would you allow us or a friend to do a home visit _____

Are you financially able to care for a terrier? (Vaccinations, training expenses, nutritional expenses, emergencies, etc.) _____

Do you agree to return your RapsCALLION Terrier if you are no longer able to care for him? _____

Do you agree to stay in contact with us regarding your terrier via email, FB, photos, etc.? _____

Do you understand a new dog will usually have an adjustment period with housebreaking, new routine, etc.? _____

Have you or anyone in your household ever taken a pet to a shelter, returned, sold, or surrendered a pet? If yes please explain the circumstances _____

Please provide us with the name and phone number of a professional reference (a veterinarian, pet sitter, obedience trainer, etc.) _____

Please provide us with the names and phone number of 2 personal references (a friend, family member, or neighbor)

1. _____

2. _____

Where do you reside? (House, Condo.apartment)_____

Do you own or rent _____ If you rent, please provide the name and phone number of your landlord_____

Do you have a pool _____
If so please explain how you will keep your terrier safe_____

Do you have a securely fenced yard? (fence should be a minimum of 4.5 feet with no holes or gaps)_____

Do you have any other pets?_____ If yes, please list all types of pets in the household_____

Do you plan on getting more pets?_____ If yes, please list what type/breed you plan on getting _____

What brand of food do you plan on feeding your terrier _____

Have you done any group or private instruction with a professional trainer with any of your current or previous dogs?_____ If so where and what type (positive reinforcement, physical corrections, sports, etc.)_____

Which sex terrier do you prefer?
_____ Why?_____

What personality traits would you like your terrier to have_____

How soon are you looking to add a terrier to your family?_____

Have you ever owned a JRT before?_____

If yes, please list the traits you enjoyed the most_____

The traits you enjoyed the least_____

Do you plan on competing with your terrier?_____

If yes please list your competition goals_____

If no, please list what type of exercise you will provide your terrier with_____

Do you plan on attending training classes with your terrier? ___ What type?_____

Do you understand the importance of socializing your terrier with other dogs, people and new situations?_____

Will you crate train your terrier? _____ If not, how will you keep him safe when unattended?_____

Where will the terrier sleep?_____

How many hours a day will your terrier be left alone?_____

How much exercise will your terrier receive every day?_____

Do you plan on taking your terrier on vacation with you?_____ If no, please explain who will care for your pet._____

Why did you decide to get a JRT?_____

Is there anything else we should know about you or your household?_____

Thank you so much for taking the time to fill out our questionnaire.

Please email or post mail completed questionnaire.