

Application to Submit a Sheltie

SHELTIE RESCUE OF GREATER LAFAYETTE

Providing a safe haven for homeless and abandoned Shetland Sheepdogs

Name: _____

Address _____

State _____ Zip _____ Phone (____) _____ Best time to call _____

E-mail address _____

NAME OF DOG _____

Your relationship to sheltie _____

Age of Dog _____ Date of Birth _____ Color _____

Sex _____ Spayed/Neutered _____ yes _____ no, Height _____ Weight _____

Date and where acquired _____

Date of last exam _____ Date of last Rabies _____

Date of last vaccines _____

Date of last heartworm test _____ Negative _____ Positive _____

Heartworm Preventative used _____ Last date given _____

Name & address of Veterinarian _____

_____ Phone(____) _____

Reason for giving up sheltie _____

Deadline for giving up sheltie _____

Is sheltie good with dogs, cats, children, men, women _____

Overall temperament _____

Is sheltie house trained_____ Is sheltie aggressive or a biter_____

Where has the sheltie been kept (inside, outside, crate, kennel, fenced yard, tied out)_____

Are you willing to assist in transporting to a foster home_____

Signature_____

Date_____

Please include a picture

Print and mail to:

**SHELTIE RESCUE OF GREATER LAFAYETTE
6310 S. 900 E.
LAFAYETTE, IN 47905**

www.sheltierescuelafayette.com