

GHPWCF Rescue Program Pre-Screening Adoption Application

Help us gather the information necessary to evaluate if a PWC might be right for you.

Name		Street Address	
City	State	Zip	
Home Phone	Work Phone	Email	

Reasons for wanting a PWC:	
Gender Wanted: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference Why:	
Owned PWC before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Still own PWC? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not what happened to dog?	

List your family members and ages, especially children:	Who will serve as dogs' primary care giver?	
Dog will be: <input type="checkbox"/> house pet <input type="checkbox"/> yard dog <input type="checkbox"/> companion animal <input type="checkbox"/> service dog <input type="checkbox"/> other _____	Household will have: <input type="checkbox"/> one dog <input type="checkbox"/> two dogs <input type="checkbox"/> three dogs <input type="checkbox"/> four or more dogs	
Will train dog for: <input type="checkbox"/> basic obedience/ household manners <input type="checkbox"/> novice obedience/CGC Test <input type="checkbox"/> competition	I am also interested in: <input type="checkbox"/> tracking <input type="checkbox"/> agility <input type="checkbox"/> herding <input type="checkbox"/> therapy pet <input type="checkbox"/> flyball <input type="checkbox"/> other _____	
Other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breeds:	
Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	
Someone home during day? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long alone each day?	
Type of dwelling: <input type="checkbox"/> house <input type="checkbox"/> townhouse/condo <input type="checkbox"/> apartment	Do you have a yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No

How far are you willing to travel to get a PWC?	Do you have any of the following: <input type="checkbox"/> crate <input type="checkbox"/> x-pen <input type="checkbox"/> training collar <input type="checkbox"/> leash	
Current/former vet:	Phone:	
Would you be willing to provide special care if the dog has or develops health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What would you consider the limitations to be?		

Please complete form and return to
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