TIMBERWYCK AIREDALES

At Timberwyck it is important to us that our Airedales are placed in new homes where they have the opportunity to succeed and live well into old age in <u>permanent</u> homes.

Pet ownership is a serious commitment that the entire household needs to consider and agree to before an Airedale is brought into the home. We, at Timberwyck, want to ensure that each household is aware of, willing and able to accept the physical and financial responsibilities of pet ownership. Not everyone who desires to own a pet is ready to properly care for one. This questionnaire will assist both you and Timberwyck in determining if your household is prepared to assume the role of a responsible caretaker of an Airedale.

Thank you for filling out this application. If you can offer a suitable home for an Airedale, you will be rewarded with many years of joy and laughter. Submitting this form is only the first stage: you will be contacted and interviewed, with a possible home visit.

QUESTIONNAIRE

Today's Date:					
First Name:		Las	st Name: _		
Your E-mail:					
Mailing Address: _					
City:	State/P	rovince:			_
Zip/Postal:	Countr	y:		_	
Your Telephone Nu	ımber:				
Cell Phone Numbe	r:			_	
Fax Number:					
Residential Informa	ation_				
[] House	[] Condo	[] Apartm	ent		
[] Ranch or Farm	[] Urban	[] Rural			
[] Other (describe)				

Are you aware of the grooming needs of an Airedale? [] Yes [] No Is anyone in the household allergic to dogs? [] Yes [] No	
Is this your first Airedale? [] Yes [] No	
What age Airedale are you looking for?	
Do all family members want an Airedale terrier? [] Yes [] No (If "no" explain)	
Your Occupation: Why do you want an Airedale?	
List all household members (including frequent visitors) and their ages:	
Family Information	
Can the dog get into the pool from the dog yard? [] Yes [] No	
Do you have a swimming pool? [] Yes [] No	
Does a door from the house open directly to the fenced yard? [] Yes [] No	
Are the gates normally locked? [] Yes [] No	
Do you have a fenced yard? [] Yes Height: [] No	
How long have you lived at this address?	

Generally speaking, what kind of ten	nperament a	are you looking for in a	dog?
Where will the dog stay during the d	ay?		
How long will the dog be alone on ar	n average da	ay?	
Where will your dog stay when no or	ne is home?	?	
What activities will you share with th	ne dog?		
[] Walking [] Hiking [] C	Obedience C	Classes [] Swimming	
[] Playing Fetch [] Other (describ	oe)		
Are you aware of the high costs in version an investment of time and money. Or grooming, proper diet, shelter and expression of the high costs in version of the high costs in the	an you affo		
Are you able to make a long-term co lifespan, no matter what issues may			ts entire
Are you familiar with crate training	[] Yes	[] No	
Do you own a dog crate?	[] Yes	[] No	
What type and size dog crate?			
When would you use the dog crate?			

Note: Puppies cannot be left in crates for long periods of time. Puppies are fe 3-4 times a day until six or seven months of age.
In what room would you put the crate?
What arrangements will be made for the dog during extended absences?
PET HISTORY
List all animals currently in your household (type, age, sex, neutered/spayed) (Include animals that visit frequently).
Do any of your current animals have medical conditions? (Describe)
Where and how often are the dogs fed? What brand of dog food and why?
Would you be willing to feed the breeder's diet? [] Yes [] No
Are your current dogs up-to-date on all shots? [] Yes [] No
Are your current dogs up-to-date on heartworm preventative? [] Yes [] N
What brand of heartworm preventative are you presently using and why?
Describe previous dogs you have owned, how long they lived, and what ultimately happened to them .

Have you ever given up a dog? [] Yes [] No
If yours is currently a one-dog household, has your dog ever lived with another large dog? [] Yes [] No [] Not applicable
If so, how long has your current dog been the only dog in the house?
When will you be ready for your new dog?
List name, address and telephone number of your veterinarian.
Name:
Address:
Telephone No:
Nearest emergency after-hours veterinarian:
Name:
Address:
Telephone No:
Dog Groomer (business name/telephone number)
Name:
Telephone No:
Please list one reference not related to you. If possible, list a neighbor and someone else familiar with your current or past pets.
Name:
Address:

Telephone No:
Do you understand that if, at any time, you cannot keep the animal, it must be returned to Timberwyck. [] Yes [] No
If there is a change in any of the information submitted, please complete and submit a new questionnaire.
By signing and returning this form to Timberwyck Airedales, I certify that the information provided on the questionnaire is true and correct. I am also financially and physically able to care for this animal. I understand that proper food and veterinarian care can be costly, and I am able to meet these requirements. I acknowledge that I have completely read this questionnaire, comprehend it fully, know that applying does not ensure approval, and that untruthful answers or failure to comply with the requirements of this questionnaire or the contract can result in the forfeiture of any Timberwyck Airedale purchased by me.
XSignature
Please return the completed questionnaire to:
Timberwyck Airedales 23495 Middlebelt Rd. Farmington Hills, MI 48336