



# Scottish Terrier Club of California

## Questionnaire for Prospective New Puppy Owners

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

FAX # \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Have you **ever owned a Scottish Terrier**?  Yes  No

2. **What convinced you to look for a Scottish Terrier** at this present time?

3. Do you prefer a **male, or a female, or are you flexible to gender**?  Male  Female  OPEN to either  
Why?

4. Which **color(s)** do you prefer?  Black  Brindle  Wheaten  OPEN to any color

5. Which of the following **activities are of interest to you**?  
(check all that apply)  Conformation (Show Dog & Breeding)  Family Companion-Pet  Obedience  
 Earthdog  Agility  Other:

6. If you are looking for a Show Dog, have you **ever earned a title on a dog**?  Yes  No  N/A  
**If YES**, please list below what types:

7. If you are looking for a Companion-Pet, are you **willing to have your Scottish Terrier Spayed or Neutered**?  
 Yes  No  N/A

8. Do you **currently own any other dogs**?  Yes  No  
**If YES**, please list them below along with breed, age, sex and spay/neuter status:

9. If you currently do not own any dogs, can you tell me about your **past experience with dogs and terriers specifically**?

10. What happened to your previous dogs?  Ran Away  Stolen  Sold  
**Why?** \_\_\_\_\_

Gave Away **Why?** \_\_\_\_\_  
 Given up for adoption to a Rescue Organization or animal shelter **Why?** \_\_\_\_\_  
 Euthanized **Why?** \_\_\_\_\_  
 Died? **Cause of Death** \_\_\_\_\_

11. Do you have **young children** in the home?  Yes  No  
**If YES**, please list their names & ages below and give a brief idea of their exposure to dogs:
12. Is your **yard fenced**?  Yes  No  
**If NO**, what are your plans for exercising your dog?
13. Do you have a **pool or any body of water** (i.e. Koi Pond) on your property?  Yes  No  
**If YES**, is it completely protected from pet access?  Yes  No
14. Who will be the **primary care giver**?
15. How many **hours per day will this dog be left alone**?  1-3  3-6  6-9  in access of 9 hours?
16. **Where will the dog be when no one is at home?**  loose  crated  confined to kitchen  
 garage  yard  kennel  other
17. **Where will the dog sleep at night?**  on the bed  loose  crated  confined to kitchen  
 basement  garage  yard  kennel  other
18. Have you ever **given a dog up to a shelter, pound or rescue group**?  Yes  No  
**If YES** please explain?
19. Have you ever **returned a dog back to its' breeder**?  Yes  No if yes please explain?
20. Would you be **interested in a Rescue Scottie**?  Yes  No
21. Are you at all interested in being contacted about an **older dog needing placement or re-homing**?  Yes  No
22. Are you willing to **stay in contact with the breeder for the life of the dog** and provide periodic updates?  Yes  No