



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~~^{excess} 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

Print this form, fill it out by hand, scan it and save in an Adobe.pdf file. Please email the completed form to:

BreederReferral@stccalifornia.org.