



MAIL COMPLETED APPLICATIONS TO:
Jean Scott
6154 Mt. View Road
Antioch, TN 37013

Prospective Owner Application

Thank you for your interest in adopting a Chinese Crested. We would appreciate you answering the following questions so that we can best determine compatibility between you and the Chinese Crested. All questions on this application must be answered for your application to be considered. If a question does not apply to you, please mark the question "N/A". Any question not answered will cause your application to be rejected. Thank you for your assistance and cooperation.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS WITH AREA CODE:

HOME: _____ **WORK:** _____ **FAX:** _____

BEST TIME TO CONTACT: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

LIST NAME AND AGE OF ALL MEMBERS OF YOUR HOUSEHOLD: _____

DO EACH OF THE MEMBERS OF YOUR HOUSEHOLD AGREE/APPROVE OF HAVING A CHINESE CRESTED: _____

DO YOU OWN OR RENT: _____

Circle One: house apartment trailer condo other

IF YES TO RENT, WHAT IS THE PHONE NUMBER WITH AREA CODE OF YOUR LANDLORD: _____

DO YOU HAVE A FENCED HOME OR AREA FOR THE DOG (please describe):

IF NO, WHAT ARRANGEMENTS WILL YOU HAVE FOR THE DOG’S EXERCISE AND TOILET DUTIES (please describe): _____

WHERE WILL THE DOG BE DURING THE DAY: _____

_____ **AT NIGHT:** _____

ON AVERAGE, HOW MANY HOURS PER DAY WILL THE DOG SPEND ALONE:

WHERE WILL THE DOG BE WHILE YOU ARE OUT OF TOWN: _____

LIST BREED, SEX AND AGE OF EACH PET THAT YOU CURRENTLY OWN:

ARE THEY SPAYED OR NEUTERED: _____

DO YOUR PETS HAVE ANY CHARACTERISTICS THAT WE SHOULD BE AWARE OF: _____

CONTACT INFORMATION FOR VETERINARIAN:

NAME: _____ **ADDRESS:** _____

PHONE NUMBER WITH AREA CODE: _____

IF YOU DO NOT CURRENTLY HAVE A DOG, DESCRIBE THE LAST DOG YOU OWNED AND WHAT HAPPENED TO IT: _____

WHY ARE YOU INTERESTED IN OWNING A CHINESE CRESTED: _____

PLEASE EXPLAIN WHAT YOU KNOW ABOUT THE CHARACTERISTICS AND TEMPERAMENT OF THE CHINESE CRESTED: _____

EXPLAIN WHAT IS INVOLVED IN GROOMING AND MAINTENANCE:

HAVE YOU EVER OWNED A CHINESE CRESTED BEFORE: _____

A TOY BREED: _____

IF NOT, ARE YOU WILLING TO LEARN AND NOT HESITATE TO CALL A CCCN MEMBER WITH QUESTIONS OR CONCERNS: _____

ARE YOU COMMITTED TO CARING FOR THIS DOG FOR ITS LIFETIME (average of fifteen years, or more): _____

DO YOU HAVE A PREFERENCE OF AGE, SEX, COLOR, HAIRLESS, POWDERPUFF:

WOULD YOU BE WILLING TO ADOPT A CHINESE CRESTED WITH MEDICAL PROBLEMS OR WITH A HANDICAP: _____

WITH BEHAVIORAL PROBLEMS: _____

DO YOU CONSIDER YOURSELF FINANCIALLY STABLE ENOUGH TO PROVIDE PROPER DIET AND MEDICAL CARE FOR A CHINESE CRESTED, INCLUDING EMERGENCY TREATMENT IF NECESSARY: _____

HOW MUCH ARE YOU PREPARED TO SPEND ON YOUR PET ANNUALLY (vet care, vaccinations, food, grooming, heartworm preventive, training, etc.): \$_____

ARE YOU AWARE OF THE LOCAL ORDINANCES WHERE YOU RESIDE (lease laws, vaccinations required, shelter, food, water): _____

ARE YOU AWARE THAT THERE IS AN ADOPTION FEE OF A MINIMUM OF \$250 WHICH WILL SUPPORT FUTURE RESCUES OF CHINESE CRESTEDS: _____

I UNDERSTAND THAT A MEMBER OF CCCN OR AN APPOINTEE, AT CCCN'S OPTION, WILL CONDUCT A HOME VISIT PRIOR TO MY BEING APPROVED TO ADOPT: _____

HOW DID YOU FIND OUT ABOUT THE PET YOU WANT TO ADOPT: _____

HOW DID YOU FIND OUT ABOUT THE CHINESE CRESTED CLUB OF NASHVILLE:

ANY ADDITIONAL COMMENTS OR INFORMATION THAT YOU WOULD LIKE US TO CONSIDER IN PLACING A CHINESE CRESTED WITH YOU: _____

PLEASE LIST TWO NON-RELATIVE REFERENCES:

NAME: _____ **ADDRESS:** _____

PHONE NUMBER WITH AREA CODE: _____

RELATIONSHIP TO YOU: _____

NAME: _____ **ADDRESS:** _____

PHONE NUMBER WITH AREA CODE: _____

RELATIONSHIP TO YOU: _____

I ACKNOWLEDGE THAT ALL THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT THE CCCN RESCUE HAS MY PERMISSION TO CONTACT MY EMPLOYER, VETERINARIAN, AND REFERENCES IN ORDER TO PROCESS MY APPLICATION.

SIGNATURE: _____ **DATE:** _____

Thank you again...your interest in CCCN Rescue is deeply appreciated.

DO NOT WRITE BELOW THIS LINE

CCCNR ADOPTION COUNSELOR:

NAME: _____ **ADDRESS:** _____

PHONE NUMBER WITH AREA CODE: _____

SIGNATURE: _____ **DATE:** _____