

Teeny Tiny Shih Tzu Puppy Application

A PTK Pup Partner

You can then email a scanned copy of the application to PTKRanchLLC@gmail.com

Name: _____
First Last

Occupation: _____

Email: _____ Phone: _____

Address: _____ Rent or Own? _____
Street

City, State & Zip _____ Years living here? _____

Who else lives here? Relationship and Age: _____

Who will be primarily responsible for your new puppy? _____

Do you, or anyone in your household, smoke?

- Yes
- No

Have you, or anyone in your household, ever been convicted of an animal related crime?

- Yes
- No

Will this be your first dog?

- Yes
- No

Have you owned a Shih Tzu before?

- Yes and is was an Imperial
- Yes but is was NOT an Imperial
- No

Do you have?

- A fenced yard
- An open yard
- No yard

List any other animals living with you, include breed and age: _____

Where will your puppy sleep at night? _____

Where will your puppy stay when you aren't home? _____

On average, how many hours will your puppy be alone each day? _____

Veterinarian Name & Number you will be using: _____

Is there anything else we should know that would help us determine if a Teeny Tiny Shih Tzu is right for you?

By signing bellow, you understand that filling out the Puppy Application does NOT mean that you have been approved to purchase a Teeny Tiny Shih Tzu.

Signature: _____ Date: _____