

Cavallo Creek Ridgebacks

13764 Park Ave.

The Woodlands, TEXAS 77384

805.296.7172

www.cavallocreek.com/rhodesian_ridgebacks.html

email: cavallocreek@usa.com



APPLICATION

ABOUT YOU

Names of all adults in household:

APPLICANT:

First Name

Last Name

CO-APPLICANT:

First Name

Last Name

Address Line 1:

Address Line 2:

City:

State/Province:

(SELECT STATE/PROVINCE)



ZIP/Postal Code:

Country:



USA



Canada



Other Country

Email Address:

Home Phone:

Work Phone:

For Whom?

FAX:

Best Time to Call:

Where?



Home



Work

Number of persons in your household:

Adults:

Women

Men

Children:

Girls

Ages

Boys

Ages

How did you learn about:

Cavallo Creek Ridgebacks?

Our web site?

ABOUT YOUR HOME

Type of Dwelling

(Not Selected)



If Other, what type?

Do you



Own

or



Rent

your home?

If you rent, do you have your landlord's permission to keep a dog? Yes No
(We will require a letter from your landlord evidencing this permission.)

Do you have a yard? Yes No
If yes,

How large is your yard?

Is your yard fenced? Yes No If yes, how high is the fence?

Do you have a dog kennel run? Yes No
If yes, how large is it?

Where will the dog sleep?

Do you plan to use a dog crate? Yes No
Please explain why or why not?

Are there currently animals in your home? Yes No
If yes,

Animal 1

Type (dog, cat, bird, etc)

Breed

Age

Gender: Male Female

Neutered/Spayed? Yes No

Animal 2

Type (dog, cat, bird, etc)

Breed

Age

Gender: Male Female

Neutered/Spayed? Yes No

Animal 3

Type (dog, cat, bird, etc)

Breed

Age

Gender: Male Female
Neutered/Spayed? Yes No

Animal 4

Type (dog, cat, bird, etc)
Breed
Age

Gender: Male Female
Neutered/Spayed? Yes No

Animal 5

Type (dog, cat, bird, etc)
Breed
Age

Gender: Male Female
Neutered/Spayed? Yes No

Animal 6

Type (dog, cat, bird, etc)
Breed
Age

Gender: Male Female
Neutered/Spayed? Yes No

PET OWNERSHIP QUESTIONS

How many dogs have you owned in the past five years? If you no longer have the dog(s), what happened to it (them)? (Please be specific.)

What makes you a good pet owner? (Include how you would handle any behavioral problems, i.e., chewing, biting, barking, etc.)

How did you learn about Rhodesian Ridgebacks? Have you ever owned a Ridgeback before? Please tell us about your experience with the breed and with any specific dogs.

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Why do you want a Rhodesian Ridgeback versus another breed or type of pet?

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How will a Rhodesian Ridgeback fit in with your hobbies, activities, and lifestyle? Will your dog be left alone for extended periods of time such as more than six to eight hours a day? How will your dog be cared for while you are on vacation?

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How do you plan to ensure that your dog receives safe and adequate exercise?

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Do you plan to show your Rhodesian Ridgeback? If so, where?

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Do you plan to use your Rhodesian Ridgeback for your breeding program?

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Is there anything else you would like to tell us about your family and its suitability for owning a Rhodesian Ridgeback?

PUPPY PREFERENCES

What color do you prefer?

(Light Wheaten, Red Wheaten, Wheaten, Lt Whtn Blk Nose, Lt Whtn Brn Nose, Rd Whtn Blk Nose, Rd Whtn Brn Nose, Wheaten Blk Nose, Wheaten Brn Nose)

Do you prefer more white or less white on chest and feet?

I would prefer a: Male Female Either

Would you be willing to accept a "Ridgeless" Ridgeback at a discounted price?

Yes No

Would you be willing to accept a Ridgeback with a flawed ridge at a discounted price?

Yes No

Would you be willing to accept a dog with health problems (non-infectious)?

Yes No

If yes, to what extent?

Are there any other traits you would prefer?

REFERENCES

Please provide the names and contact information for **at least three references** who can speak to your fitness as a pet owner in general and, more specifically, as the owner of a medium-to-large-sized dog. If you currently own or have in the last five years owned a pet, please **include your veterinarian as one of the references**. **PLEASE DO NOT LIST MORE THAN ONE FAMILY MEMBER OR OTHER RELATION AS A REFERENCE.**

Reference 1 (Veterinarian if have one)

Relationship to you:

Name:

Address:

Address:

City:
State/Province:
ZIP/Postal Code:
Country: USA Canada Other Country
Home Phone:
Work Phone:
Best time to call:

Reference 2

Relationship to you:
Name:
Address:
Address:
City:
State/Province:
ZIP/Postal Code:
Country: USA Canada Other Country
Home Phone:
Work Phone:
Best time to call:

Reference 3

Relationship to you:
Name:
Address:
Address:
City:
State/Province:
ZIP/Postal Code:
Country: USA Canada Other Country
Home Phone:
Work Phone:
Best time to call:

OTHER COMMENTS