

**Y'Draig Kennels**  
**Dog Behaviour Academy**  
% Dia Vickery; 18455 Burbank Blvd., Suite 306  
Tarzana CA 91356

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**Application Form**

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To reserve an Y'Draig Kennels puppy or adopt an adult dog, please send:

- (1) your completed **Application Form**
  - (2) a \$200 non-refundable deposit (check/money order payable to "Dia Vickery")  
to the above mailing address or contact us for PayPal instructions
- We will contact you when we have received your application and deposit.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

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

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

\_\_\_\_\_  
Cell/Other Phone #

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

How did you hear of Y'Draig Kennels?

Why are you looking for a dog at this time?

Please tell us about the human members of your household. If you have children at home, please list their names and ages. Please send pictures.

Please tell us about the animals that share(d) your life with you. Please send pictures.

Is your primary residence a:                    \_\_\_ House    \_\_\_ Apartment    \_\_\_ Townhouse

Do you own or rent your home?            \_\_\_ Own    \_\_\_ Rent

How long have you lived there?            \_\_\_\_\_

How large is your lot/property?            \_\_\_\_\_

Do you have a fenced yard?                \_\_\_ Fence    \_\_\_ Invisible Fence    \_\_\_ Neither

## For Puppy Applications

What litter(s) is/are you interested in? (If you are uncertain, leave blank.)

\_\_\_\_\_

First Choice Litter

\_\_\_\_\_

Second Choice Litter

Preferred Gender of Puppy                \_\_\_ Female    \_\_\_ Male    \_\_\_ No Preference

Preferred Coat Type of Puppy            \_\_\_ Sable    \_\_\_ Dual    \_\_\_ No Preference

What are your plans for your Shiloh Shepherd Puppy? (Check all that apply)

- Pet Only       Breeding       Conformation       Obedience  
 Agility       Therapy       Herding       Search & Rescue

### For Adult Applications

Which dog are you interested in (if waiting for any available, leave blank)

\_\_\_\_\_   
Dog Name

What are your plans for your Adult Shiloh Shepherd? (Check all that apply)

- Pet Only       Agility       Obedience       Therapy  
 Herding       Search & Rescue       Other: \_\_\_\_\_

Please provide anything else you think we should know.

Please provide your Veterinarian's name, address, telephone number and email address.