

Northern Nevada Shiba Rescue Adoption Application

Fill form and email back to:

My3shibas@gmail.com

Or you may fax this form to: 775-972-0459

All fields are required

Full Name _____

Are you over 18 years of age? _____

Street Address _____

City _____ State _____ Zip _____

Phone: _____

Cell: _____

Email: _____

Why do you want a Shiba? _____

Who is the Shiba for? _____

Where do live (Home, apartment, other)? _____

Do you own or rent? _____

If renting, please give name of landlord and contact number _____

Do you have a fenced yard? _____

Fence Height? _____

Do you have children? if yes ages _____

Do you have other pets - type and ages? _____

Would you consider a Shiba mix? _____

Are you willing to travel to Reno to meet potential Shiba? _____

Reference name 1: _____ Phone Number: _____

Reference name 2: _____ Phone Number: _____

Name of Veterinarian Clinic: _____

Location of Veterinary Clinic: _____ Clinic Phone Number: _____

Additional information we should know: _____