Application for Cadenza Wheatens 19313 Cissel Manor Dr., Poolesville, MD 20837 -- 301-515-5858 **Todays Date** If more than one adult, please include both as applicants Applicant #1 First Name Last Name Applicant #2 First Name Last Name Address State City Zip Home Phone Cell Phone Work Phone **Email Address** Do you have a fenced-in yard? Yes No Name Name Do you have Age Age Yes □ No □ children? Please provide names and ages What type of work do you do? Yes □ No □ Proximity of Work to Home Is anyone home during the day? Breed(s) Spayed / Neutered Male or Female Age Do you currently own dogs? Yes □ No □ Have you owned dogs Breed(s) When For How Long Male or Female in the past? Yes □ No □ What made you choose a Soft Coated Wheaten Terrier Do you prefer a male or female and why?

What research have you done about the	breed?	
Are you aware of the health issues (DLE a	and DLN) that have accurred in this broom	12
Are you aware of the health issues (PLE a	and PEN) that have occurred in this breed	11
Are you willing to have your vet run a the	orough Wheaten blood work panel on yo	our dog at lease every other year?
Are you aware of the high maintenance	grooming involved with a owning a Whea	aten?
Are you planning on showing the dog for	agility or conformation?	
Are you open to learning more about sho	owing the dog or having it shown?	
All puppies need training. What training	facility do you plan to use?	
Do you have a vet? Please provide their	name, address and phone number.	
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If there is additional information you wo	uld like to include please use the space b	elow
I certify that all the information above is c will be made part of any agreement betwo		
I understand that I have the right to view	•	
understand that I will receive all results of		
I also understand that the dog will be mico the fee for this service is separate from th		ican Kennel Club (AKC) Reunite and
C:d.	Duinte d Nove	Dete
Signed:	Printed Name	Date
C:d.	Duinte d Nove	Dete
Signed:	Printed Name	Date