

**HURRICANE IRMA EVACUEES:
CANE CORSO LITTER FROM ST. MAARTEN
PUPPY APPLICATION**

THANK YOU FOR YOUR INTEREST IN A PUPPY FROM THE HURRICANE IRMA/ST. MAARTEN LITTER, BRED AND OWNED BY SXM CANE CORSO. PLEASE NOTE THAT COSTA BEL CANE CORSO MAKES NO GUARANTEES NOR ASSUMES ANY LIABILITY FOR THIS LITTER, AS WE ARE SIMPLY FACILITATING THE CARE AND PLACEMENT OF THESE PUPPIES THAT WERE FORCED TO EVACUATE THE ISLAND OF ST. MAARTEN DUE TO HURRICANE IRMA. THIS APPLICATION WILL HELP US DETERMINE IF ONE OF THESE PUPPIES IS RIGHT FOR YOU. ADDITIONAL SPACE TO ANSWER HAS BEEN PROVIDED WHERE NEEDED. IF MORE SPACE IS NEEDED, PLEASE ATTACH SUPPLEMENTAL PAGES. ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL. COMPLETED APPLICATIONS ARE SECURELY KEPT IN A LOCKED FILING CABINET. COSTA BEL CANE CORSO, ON BEHALF OF SXM CANE CORSO, RESERVES THE RIGHT TO REFUSE ANY APPLICANT FOR ANY REASON WHATSOEVER WITHOUT NOTICE. THANK YOU!

PERSONAL INFORMATION

FULL LEGAL NAME

GENDER

AGE

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

HOME PHONE

CELLULAR PHONE

WORK PHONE

E-MAIL ADDRESS

MARITAL STATUS

FULL LEGAL NAME, AGE AND GENDER OF SPOUSE/SIGNIFICANT OTHER

FULL LEGAL NAME, AGE AND GENDER OF OTHER ADULT (OVER 18) RESIDENTS OF THE HOME (TEMPORARY AND/OR PERMANENT)

FULL LEGAL NAME, AGE AND GENDER OF CHILDREN (UNDER 18) RESIDENTS OF THE HOME (TEMPORARY AND/OR PERMANENT)

ARE YOU OR YOUR SPOUSE/SIGNIFICANT OTHER TRYING TO CONCEIVE? IF YOU DO NOT HAVE CHILDREN BUT ARE PLANNING ON HAVING THEM IN THE FUTURE, WILL YOU MAKE A COMMITMENT TO CONTINUE CARING FOR THE DOG ONCE THE NEW CHILD ARRIVES?

FULL LEGAL NAME AND GENDER OF DOMESTIC EMPLOYEES (TEMPORARY AND/OR PERMANENT)

WHO WILL BE THE PRIMARY CARETAKER FOR THE DOG?

DO YOU HAVE CHILDREN OF FRIENDS WHO VISIT FREQUENTLY? WHAT ARE THEIR AGES?

ARE THERE REGULAR VISITORS TO YOUR HOME (HUMAN OR ANIMAL) WITH WHICH YOUR DOG MUST GET ALONG? IF YES, PLEASE DESCRIBE.

ARE ALL FAMILY MEMBERS AND/OR RESIDENTS IN AGREEMENT ABOUT PURCHASING A CANE CORSO PUPPY?

LIVING ARRANGEMENTS

OWN OR RENT

IF RENTING, DO YOU HAVE THE PERMISSION OF YOUR LANDLORD IN WRITING TO KEEP A LARGE DOG?

LANDLORD'S FULL NAME

LANDLORD'S PHONE NUMBER AND EMAIL

HOW LONG LIVING AT THIS HOME?

TYPE OF HOME (SINGLE FAMILY HOUSE, TOWNHOUSE, APARTMENT)

IS THERE AN HOA/CONDO ASSOCIATION

IF YOU RENT OR LIVE IN AN ASSOCIATION, YOU WILL NEED TO PROVIDE A COPY OF YOUR LEASE/BYLAWS STATING THAT THERE ARE NO RESTRICTION REGARDING OWNING A DOG NOR BREED SPECIFIC RESTRICTIONS.

IS ANYONE HOME DURING THE DAY?

HOW MANY HOURS WILL THE PUPPY SPEND ALONE DURING THE DAY?

DO YOU WANT AN INDOOR OR OUTDOOR PET?

DO YOU HAVE A YARD?

SIZE OF YARD (SQUARE FOOTAGE, ACREAGE OR DIMENSIONS)

TYPE OF YARD ENCLOSURE (CHAIN LINK, WOODEN, ALUMINUM, HEIGHT, FULLY ENCLOSED, PARTIALLY ENCLOSED)

HEIGHT OF YARD ENCLOSURE

IF NO ENCLOSURE, HOW/WHERE WILL ACTIVITY OCCUR?

ARE YOU PLANNING TO MOVE?

EMPLOYMENT

OCCUPATION

NAME AND ADDRESS OF EMPLOYER

YEARS AT THIS EMPLOYER

HOW MANY HOURS WORKED PER WEEK

HOW MANY HOURS WORKED PER DAY

ARE WORKING HOURS DURING THE DAY OR NIGHT

DO YOU TRAVEL FOR WORK

CURRENT PETS + EXPERIENCE

LIST ALL PETS CURRENTLY OWNED/LIVING IN THE HOME (NAME, BREED, AGE, SEX, SPAY/NEUTER, HOW LONG OWNED, WHERE PURCHASED/OBTAINED)

IF ANY CURRENT PET IS NOT SPAYED/NEUTERED, PLEASE PROVIDE A DETAILED EXPLANATION

WHAT DO YOU FEED (BRAND)

ARE CURRENT PETS UP-TO-DATE ON VACCINATIONS

ARE CURRENT PETS TAKING MONTHLY PARASITE PREVENTATIVE PILLS (IF SO, WHAT BRAND)

NAME OF VETERINARIAN

NAME OF CLINIC

ADDRESS OF CLINIC

PHONE NUMBER OF CLINIC

YEARS AT THIS CLINIC

FOR EACH PET LISTED ABOVE, PLEASE DESCRIBE IN DETAIL HIS/HER PERSONALITY

PLEASE LIST ALL PREVIOUSLY OWNED PETS DURING THE LAST 15 YEARS (NAME, BREED, AGE, SEX, SPAYED/NEUTERED, HOW LONG OWNED, WHAT HAPPENED TO THEM)

ARE YOU CURRENTLY BREEDING YOUR DOGS/CATS OR HAVE YOU BRED TO HAVE PUPPIES/KITTENS?

HAVE YOU EVER SURRENDERED A PET TO A SHELTER OR RESCUE ORGANIZATION

HAVE YOU EVER GIVEN AWAY OR SOLD A PET

WHAT TYPE OF TRAINING HAVE YOU DONE IN THE PAST

DO YOU CURRENTLY HAVE A DOG TRAINER THAT YOU ARE WORKING WITH

IF SO, PLEASE PROVIDE NAME AND CONTACT INFORMATION

DO YOU HAVE PLANS OF TITLING YOUR PUPPY/DOG IN CONFORMATION, OBEDIENCE, AGILITY, PROTECTION SPORTS, TRACKING, WEIGHT PULLING

HAVE YOU PREVIOUSLY TITLED ANY DOG IN ANY OF THE ABOVE ACTIVITIES

IF SO, WHAT TYPE OF DOG & WHAT TITLE

CANE CORSO PUPPY

REASONS FOR WANTING A CANE CORSO

WHAT IS YOUR GENDER PREFERENCE (MALE, FEMALE, NONE)

WHAT IS YOUR COLOR PREFERENCE (BLACK, BLACK BRINDLE, GREY, GREY BRINDLE, FAWN, FORMENTINO, NONE)

DO YOU PREFER CROPPED OR NATURAL EARS

HAVE YOU OWNED A CANE CORSO BEFORE

HAVE YOU EVER INTERACTED WITH A CANE CORSO

ARE YOU AWARE OF THE PROPER PRONUNCIATION OF CANE (Kah-nay) CORSO (Kor-so)? CANE IS NOT TO BE PRONOUNCED AS IN CANDY CANE, WALKING CANE, KING OR ANYTHING OTHER THAN KAH-NAY.

WILL YOU ACTIVELY ENCOURAGE OTHERS TO PRONUNCIATE CANE (Kah-nay) CORSO (Kor-so) CORRECTLY?

WHAT TEMPERAMENT ARE YOU LOOKING FOR

WHAT ARE YOUR PLANS FOR YOUR NEW CANE CORSO PUPPY AS FAR AS TRAINING

WHAT IS YOUR TIME FRAME FOR ACQUIRING A NEW PUPPY

DO YOU PLAN TO SPAY/NEUTER

PLEASE FEEL FREE TO PROVIDE ANY PERSONAL INFORMATION OR PREFERENCES WOULD BE HELPFUL IN MATCHING THE RIGHT PUPPY TO YOUR FAMILY

WHEN YOUR CANE CORSO IS HOME ALONE OR SLEEPING, WHERE WILL IT SPEND ITS TIME? LOOSE INDOORS, IN THE CRATE, IN THE YARD, DOGGIE DAYCARE, ETC.

DO YOU AGREE TO LICENSE THIS DOG AND PROVIDE REGULAR HEALTH CARE?

HOW SOON ARE YOU LOOKING FOR A NEW COMPANION? ARE YOU AND YOUR FAMILY WILLING TO WAIT FOR THE RIGHT PUP?

IF YOU ARE REQUESTING A PET QUALITY PUPPY ARE YOU WILLING TO ACCEPT THAT PUPPY WITH LIMITED REGISTRATION AND A SPAY/NEUTER AGREEMENT?

WOULD YOU BE WILLING TO DRIVE TO MEET YOUR PUPPY PRIOR TO PURCHASE?

ARE YOU WILLING TO ATTEND OBEDIENCE TRAINING CLASSES WITH A CERTIFIED TRAINER AND YOUR PUPPY?

IF NO, WHAT PREVIOUS EXPERIENCE DO YOU HAVE, IF ANY, WITH DOMINANT BREEDS.

HAVE YOU DONE ANY RESEARCH ON THE CANE CORSO (INTERNET SEARCH, BOOKS, SPOKE TO BREEDERS)?

I AM OVER THE AGE OF 21 YEARS?

DO YOU HAVE THE NECESSARY FINANCES TO CARE FOR A CANE CORSO, APPROXIMATELY \$600 PER YEAR FOR ROUTINE HEALTH CARE AND \$1000 PER YEAR FOR FOOD AND SUPPLIES?

HOW DID YOU HEAR ABOUT THESE PUPPIES?

REFERENCES

1ST PERSONAL REFERENCE FULL NAME + RELATIONSHIP

1ST PERSONAL REFERENCE PHONE AND EMAIL

2ND PERSONAL REFERENCE FULL NAME + RELATIONSHIP

2ND PERSONAL REFERENCE PHONE AND EMAIL

3RD PERSONAL REFERENCE FULL NAME + RELATIONSHIP

3RD PERSONAL REFERENCE PHONE AND EMAIL

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE. I UNDERSTAND THAT IF ANY INFORMATION IS FOUND TO BE FALSE OR INCOMPLETE, MY APPLICATION WILL BE DENIED WITHOUT NOTIFICATION. I UNDERSTAND THAT WHILE COSTA BEL CANE CORSO, ON BEHALF SXM CANE CORSO, MAY CONTACT ME VIA PHONE OR EMAIL, FURTHER CONTACT IS NOT GUARANTEED, NOR IS SALE OF A REQUESTED PUPPY. I UNDERSTAND THAT COSTA BEL CANE CORSO MAKES NO GUARANTEES NOR ASSUMES ANY LIABILITY FOR THIS LITTER, AS WE ARE SIMPLY FACILITATING THE CARE AND PLACEMENT OF THESE PUPPIES THAT WERE FORCED TO EVACUATE THE ISLAND OF ST. MAARTEN DUE TO HURRICANE IRMA.

WE RESERVE THE RIGHT, IN OUR SOLE DISCRETION, TO REFUSE ANY APPLICANT FOR ANY REASON WHATSOEVER WITHOUT NOTICE.

YES, I HAVE READ THE DISCLAIMER AND AGREE TO THESE TERMS AND CONDITIONS.

SIGNATURE OF APPLICANT
