



Gompa Lhasa Apso

Preservation Program

Participation Application

Your name: _____

Spouse/Partner name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Home: _____

Work: _____ Fax: _____

Email address(es): _____

Please list 3 references *with complete name and phone number.*

1) _____

2) _____

3) _____

Your employer: _____

Employer address: _____

Years employed there (if less than 2 years, previous employer and address): _____

List the *name, address, & phone #* of your current vet, or one used most recently:

Your age: _____ Partner's age: _____

Other adults in home (names): _____

Children in home (names and ages): _____

Ages of children visiting regularly: _____

Others in home who will have contact with this Apso? (e.g., roommates): _____

If applicable, does your companion agree to getting a Lhasa Apso?: ____ Yes ____ No

Does anyone have allergies?: _____ Yes _____ No
If yes, explain: _____

Will you be the sole custodian of this Lhasa(s)? (If not, list other person/s):

If single or living alone, who will take responsibility for the Lhasa in case of emergency?:
Name: _____
Address: _____
Phone: _____

Please list other pets in your home: (give species/breed/age/sex [spayed or neutered?]):

Check those that apply:
_____ Own _____ Rent _____ Fenced yard
_____ Condo/Apt/Duplex _____ Farm _____ Pool
_____ Single-family dwelling

What is your work schedule like (please be time specific)? _____

Where will the Lhasa stay when you are out? [check applicable answer(s)]
_____ Free run of house _____ Gated in small area
_____ Kennel/crate _____ Other (explain): _____

Tell us about the atmosphere in your home, such as: quiet, very active, lots of kids running in and out, travel frequently, etc.: _____

How often and how will the dog be exercised per day? (let out in yard and/or walked -- please be specific): _____

Please LIST all the dogs you have owned in the past and what became of each of them (age died and reason for death or reason given up). This question must be answered completely. "Died" will not suffice, please list reason for death and age at death. **(Attach additional sheet if necessary.)**:

Breed: _____
Time owned: _____
Age at death: _____
Reason for death: _____

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What do you know about the history of the Lhasa Apso? Where or how was this knowledge acquired?: _____

Are you familiar with breed characteristics of the Lhasa Apso? If so, please list all characteristics you are aware of.: _____

Have you ever owned a Lhasa Apso before?: _____ Yes _____ No

Why are you interested in obtaining a Gompa Lhasa Apso at this time?: _____

Would you agree to a conference call interview with Program directors? ___ Yes ___ No

Please specify your preference**:

I will consider: _____ Retired male _____ Retired female
_____ Intact adult male _____ Intact adult female
_____ Male puppy _____ Female puppy

Would you consider a dog with mild health care needs: _____ Yes _____ No

Would you consider a dog with luxating patellas: _____ Yes _____ No

Would you consider a dog with PTEG (“cherry eye”): _____ Yes _____ No

Other considerations: _____

How did you become acquainted with the Program: _____

Why do you think you would make a good home for a Gompa Lhasa Apso : _____

Why do you think you would be a good participant in the Program: _____

What would cause you to give up your pet?

Housetraining mistakes Biting Barking
 Moving Allergies

Other (explain): _____

Would you take the dog to a professional groomer? Yes No

Would you be willing to take the Apso to obedience training?: Yes No

Please check those you think are important:

Annual vaccinations Heart worm testing/preventative
 Annual dental care Grooming
 Flea prevention High-quality dog food
 Obedience training

Would you be willing to give the new dog at least 60 days to adapt to your home and family?: Yes No

Did you know that even housebroken dogs may have accidents when uprooted and moved to a new environment?: Yes No

Will you be willing to deal with this possibility?: Yes No

How long are you willing to wait for a Gompa dog?: _____

I have read the Program contract completely and understand how the Program expects the dog to be maintained. I have read the Program contract completely and understand the dog belongs to the Program and has obligations to the gene pool managed by the Program (unless retired).

Signature: _____ Date: _____

Please forward completed Participation Application and Contract to:

Gompa Lhasa Apso Preservation Program
P. O. Box 1262
Loveland, CO 80539

**** PLEASE** consider carefully your choices and whether you are willing to be flexible regarding these preferences. All intact dogs are obligated to participate in the breeding program. All offspring fall under the Program's objectives and goals.