

Puppy Application

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Daytime Phone: _____

Evening Phone: _____

Best time to call: _____

Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, townhome, apartment, farm, etc.?

What type of yard does your living situation have? (fenced yard, dog park, etc.) *describe*

Please describe your household: ___ Active ___ Noisy ___ Quiet ___ Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing to contact your landlord).

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to purchase a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and age)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

Have you ever surrendered a pet? If so, why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

About the Dog You Wish to Adopt

What is your idea of an ideal dog and why?

Desired Color: _____

Desired Size:

Desired sex: Female Male No preference

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone per day? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

Personal References

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Type name to represent signature)

(Date)