

Registration?

Puppy Questionnaire

Name:
Address:
City:State:Zip:
Phone Number:
(home) (work) (Cell)
Name, Address and Phone Number of your Veterinarian:
1. Who will be the primary caregiver?
2. Where will the puppy be kept during the night?
3. Where will the puppy be kept during the day?
Type of Dwelling: House, Condo, Apartment
If renting please give name and phone number of landlord
4. Is there anyone home during the day?
5. How many hours on average will the puppy be left alone?
6. Will there be someone available to let the puppy out to relieve itself?
7. Have you ever owned a dog before? If yes, what breeds?
8. Do you own any other animals?
9. Do you have any children? If yes, what are their ages?
10. Does anyone in your household have allergies to dogs? If yes, to what and how
severe?
11. Are you interested in a male or female?
12. What activity level do you expect this puppy to be?
Pick one : Very High, High, Moderate, Below Average
13. How many hours a day will the puppy be kept outside?
14. How will he be confined outside? Do you have a fenced yard or suitable pen?
15. Have you ever crate and house trained a puppy before?
16. How long have you lived at this address?
17. Will you be attending any training classes? If yes, at what age will you start?
18. Are you interested in competitions or other forms of work (Schutzhund, Nosework, Personal Protection, Rally Obedience, Agility, Herding, etc.
19. Have you ever shown a dog to any performance titles?
20. Are you interested in showing the dog in the conformation ring?
21. Have you ever shown a dog to its championship?
22. Do you intend to breed the dog?
23. Do you understand the difference between Limited Registration and Full