Grand River Doodles Application/Contract

Contact Information Full name: Occupation: 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, town home, apartment, farm, etc.?

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 in	nformation you are a	allowing PPPR	to contact your	landlord please	inform them
of this call so they w	will speak with us)				

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

Is everyone in agreement with the decision to adopt a dog?

Do you have time to provide adequate love and attention?

Other Pets

What other pets do you have (specify type and number)?	
Are these pets up to date on vaccines?	
Are these pets spayed/neutered? If notwhy?	
Have you every surrendered a pet? If so, why?	
How do you discipline your pets and why?	
Veterinarian	
Do you have a regular veterinarian?YesNo	
Veterinarian's name:	
Clinic Name:	
Clinic Address:	
Clinic Phone:	

Do you agree to have this Vet spay/neuter the dog? (All our puppies are sold under the agreement you will spay/neuter the dog)

YES_____ NO____

About the Dog You Wish to get

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. **I understand that the deposit is non-refundable.** If you put a deposit on a gender and that gender is not available, you will be given three options. A pick of the opposite gender (if available), an option to defer to a later litter or a refund.

(Signature)

(Date)