

Brookside Cavalier

20 Brook Street Manchester Ma 01944

978-526-7754

brooksidecavalier@gmail.com

Seller Name: Elizabeth O'Malley (Bo)

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

E-mail:

Occupation:

1) Color and Gender preference:
Why?

2) Why do you want a cavalier?

3) Do you personally own or rent your home?

-If you rent please provide a copy of your rental agreement including the pet clause. If you live with family or roommates please include their information in the questions below.

4) All occupants in your home and ages:

5) Have you owned a dog before?

-If so how many, what breed and when?

6) Do you have any other pets living with you?

-If yes, please provide proof of spaying or neutering of any dogs.

7) Number of hours the dog will be alone?

8) Who will care for, train, and exercise the dog?

9) How do you plan to house train the dog?

10) Name and Location of the veterinary clinic who knows you:

-Are you willing to release any information from your current vet to me regarding any dogs within your home? IE: spay and neuter, and vaccination update records:

11) Will you allow a home visit by the breeder or breeder's representative before a puppy is given to you?

Comments and Questions:

By signing this application, I agree to the following conditions, and promise the information on this application is correct. Any false or deceptive info will result in immediate repossession of the dog:

1.) I agree to never breed this pet quality dog, and to spay/neuter it before it reaches 6 months of age.

2.) I agree to keep this dog in my possession, and not give away, sell, or abandon it, but return it to this breeder if I relinquish custody. Terms will be discussed at time of return. No refund is available after 3 days and deposit is never refundable.

3.) I agree to provide a safe, clean environment with a safe outdoor space.

4.) I agree to provide a daily routine of feeding, training, exercise, play, and nurturing.

5.) I agree to care for this dog humanely at all times, providing necessary medical care, regular veterinary check-ups, and never leaving the puppy outside during inclement weather.

6.) I agree to have this dog wear a collar with an identification tag as well as microchip at time of spay/neuter.

7.) I agree to attend puppy socialization classes before the dog is 6 months old, and to begin obedience training before the dog is one year old.

8.) I promise that all my information is correct and truthful.

9.) I understand that sending this application does not automatically entitle me to a dog. I understand that this application is just a beginning step in the interview process.

10.) I understand that if I am eligible to purchase a puppy from Brookside Cavalier, a non-refundable deposit is due immediately.

Printed Name

Signature

Address

Phone Number