**TIMBERSPITZ EURASIERS**

**PUPPY APPLICATION**

Date: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

Have you ever owned a Eurasier before?

 Which characteristics of the Eurasier have drawn you to this breed?

Have you ever owned a dog in the past? (If so please list breed and how long.)

 Do you currently own any other pets? (If so age of pet, sex, breed, and spayed/neutered?)

Do you prefer a male or a female puppy and why?

Would you take a different sex if your first choice is unavailable in this litter?

Please list all family members and ages:

Do all members in your family want a new puppy?

Are you interested in any of the following?

 Conformation (showing) ( )

Breeding ( )

Obedience competitions ( )

Agility Competition ( )

Pet Therapy ( )

Other:

Type of Residence:

Home ( )

Apartment/Condo ( )

Farm/Acreage ( )

Is your yard completely fenced?

If an apartment, is there a park close by?

Will the dog be living in the home, yard, or both? Please explain.

Will someone be home with the dog all day? If not, how many hours per day will the dog be left alone?

If the dog is left alone, where will it be kept?

If you work how many hours per day are you away?

Who will care for the puppy while you work?

Who will care for the puppy while you are on vacations?

Will you agree to enrolling the puppy in an obedience class? \_\_\_\_\_

Will you agree to having the dog tested at 2 years old for hip/elbow dysplasia, patella luxation, thyroid and eye normalcy? \_\_\_\_\_

If the puppy is purchased for any reason other than a show/breed prospect, will you agree to have it altered and submit a veterinarian certificate as proof of surgery to us? \_\_\_\_\_

Please return the Puppy Application in electronic format to plafleche59@gmail.com ,

Or by mail to:

Colleen LaFleche

12208 14th Ave E

Tacoma, WA 98445

We are more than happy to answer any questions you might have via e-mail, and visitors are always welcome to get to know our dogs at shows and events we are attending!