



FLY GOLDENS

Home of Champions



Puppy Questionnaire

Personal Info

Full Name			
Street Address and City			
Province/State AND Postal Code/ZIP			
Phone		Alt Phone	
Email			
Preferred form of contact	Call <input type="checkbox"/>	Text <input type="checkbox"/>	Email <input type="checkbox"/> Messenger/Facebook

Home Related Questions

Do you own your home or rent?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Is a puppy approved by your landlord, if you rent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a suitable inside area you can block off for puppy if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of home:	House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/>	
Do you have a yard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is it fenced? Are you willing to fence it if necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have other animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of Animals:		
Are the animals spayed/neutered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Questions

Is this your first puppy within 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be interested in puppy obedience classes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have a Veterinarian? If so please provide their name.

Does anyone in your family suffer from any mental related issues? E.G anxiety, despression, OCD etc.

Yes

No

Any addition info you'd like to share:

Do you or anyone in your family suffer from allergies to dogs?

Yes

No

Your age and Spouses age

What are the ages of your children?	N/A
Do you have steady income?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you work from home, out of the home or retired?	Home <input type="checkbox"/> Out <input type="checkbox"/> Retired
If working away from home is there someone available to let the puppy out during the day?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have you ever owned a Golden Retriever before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any intentions to show the dog?	Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
Are you aware of the grooming needs for a Golden? Nails, coat, ear cleaning....	Yes <input type="checkbox"/> No, I need more information <input type="checkbox"/>
Are you planning on crate training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please describe what you are looking for in a puppy. Things such as their activity level, temperament, confidence level from 1-10, therapy or service work prospect etc.
<input type="checkbox"/>	Check box if you understand that if for some reason you need to rehome the new puppy that you have to contact Fly Golden's for first right of refusal.

Do you prefer a male or female puppy?

Male

Female

If your first choice is not available, do you want to wait until a future litter or choose the opposite sex?

Wait

Opposite Sex

Please Send to
tiffmurray295@hotmail.com