Blessed Beyond Dobermans

Application

Personal Information

Date:		
Full Name:		
Full Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Can you receive te	exts? 🗌 Yes 🗌 No	

Veterinarian Information:

Veterinarian Clinic	Name:			
Doctor Name:				
Address:				
City:	State:	Zip:		
Phone Number:				
How Did You Hear About Us?				
Referred By:	Facebook: 🗍 🛛 W	ebsite: 🗌 🕠	Other:	

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Puppy Information

1.	Will the puppy be an inside dog? 🗌 Yes 🗌 No
2.	What puppy are you most interested in?
	Color: Please Select Male: 🗌 Female: 🗌
3.	If the puppy you are interested in is not available, what would be your
secor	nd choice? Please Select
4.	Do you intend to get the puppies ears cropped?
If yes	, do you already have a qualified vet in your area to do the procedure?
∐Ye	s 🗌 No
Or wo	ould you be interested in having my vet perform the procedure?
□Ye	s 🗌 No
5.	Where will the puppy be kept during the night?
6.	Where will the puppy be kept during the day?
7.	How many hours on average will the puppy be left alone?
8.	Have you ever owned a dog before? 🗌 Yes 🗌 No
9.	Do you have any other pets? 🗌 Yes 🗌 No
How r	nany? What breeds?
10.	Do any of your other animals have any aggression or behavior issues that
would	I make it hard for your new puppy to join the home?
11.	If you were to have an expected or unexpected child during any phase of
the lif	e of your Doberman, would you feel the need to find him/her a new home?
lf so, '	why?
12.	Does anyone in your household have allergies to animals? 🗌 Yes 🗌 No
13.	Do you understand that a Doberman puppy will have high energy until at
least	1 year of age and up to 3 years of age? 🗌 Yes 🗌 No
14.	Why do you want a Doberman?
15.	How will the puppy be confined when he/she is outside?

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16. Do you have a fenced in yard or suitable pen? Yes No

17. Do you have, or have you ever had an outside dog? [Yes] No

If yes, Why?

18. Have you ever returned a pet to a breeder, rehomed, or surrendered to a shelter?
Yes
No

If yes, what was your reason?

19. Have you ever had a behavior problem with a pet? \Box Yes \Box No

If yes, how did you handle it?

20. Are you interested in limited or full registration?

21. Do you understand that full registration is available at a higher cost?

22. If interested in full registration, what is your reason?

23. Do you agree to keep your dog on heart worm preventative?

24. Do you agree to keep the dog on flea care?

25.	Do you agree to keep the dog on a quality diet that is fit for him/her?
Ye	s 🗌 No

26. Do you understand that once you place a deposit, it is non-refundable? ☐Yes ☐ No

27. Do you understand that any money received is non-refundable and will only go toward the purchase of your puppy, which will be honored indefinitely but not re-funded for any reason even if you decide not to purchase the puppy?

Yes 🗌 No

28. Do you understand that you may never sell or find a new home for the puppy? Yes No

29. If the placement does not work for any reason, he/she will come back to me. Yes No

By typing your name or signing this application you understand that it is a legally binding agreement.

Signature Typed: Signature Typed: Date:

Signature: _____

Signature: _____