

# **Cowgirl Canine Puppy Application Form**

## **Contact Information**

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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? \_\_\_\_\_

What type of training do you plan to do with your pup?

\_\_\_\_\_

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**Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

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

Clinic Phone: \_\_\_\_\_

**About the Puppy You Wish to Adopt**

What is your idea of an ideal dog and why?

Desired age: \_\_\_\_\_ Desired Size: \_\_\_\_\_

Desired sex:  Female  Male  No preference. Colour :  red/  apricot/  gold /  parti colour

Where will the dog spend the day? (*describe*)

\_\_\_\_\_

Where will the dog spend the night? (*describe*)

\_\_\_\_\_

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Do you agree to keep the dog as an indoor dog?  Yes  No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact Cowgirl Canine if you can no longer keep this dog?  Yes  No

How did you hear about Cowgirl Canine?

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

