



PUPPY APPLICATION

GUSTO GERMAN SHEPHERDS

Please complete and return to
thegustopack@gmail.com

www.gustogsd.com

CONTACT INFORMATION

● **Name:**

● **Home Address:**

● **Contact Email & Phone(s):**

● **Referred By:**

PREFERENCES

● **Sex:**

Male Female Undecided

● **Age:**

Puppy (10-12 weeks) Adolescent (4-12 months) Young Adult (12-24 months) Adult (2+ years)

● **Activity Level / Drive:**

Very High High Medium Low

● **Describe your ideal GSD (include how the dog will compliment your lifestyle):**

ACTIVITIES

What kinds of activities do you plan to do with your dog?

- Family Companion
- Breeding Potential
- Agility
- Herding/Farm Work
- Obedience/Rally
- Conformation/Show Potential
- Therapy/Emotional Support/Service Dog
- Schutzhund/IPO/Guardian/Police Work
- Nose Work/Search & Rescue/Tracking
- Sport _____
- Other _____

HOME ENVIRONMENT

Home:

- Rent
- Own
- House
- Condo
- Apartment
- Other _____

Yard:

- No Fence
- Indoor/Outdoor Kennel
- Electric Fence
- Fence (type and height) _____

Children:

- No Children
- Yes (ages) _____

Other Animals:

- None
- Yes (types and ages) _____

Who will be the primary care giver?

Will someone be home during the day to feed and exercise the puppy?

Where will the dog be kept during the day?

Where will the dog sleep at night?

What kind of floor surfaces are inside?

What kind of floor surfaces are outside?

HISTORY

● Describe your past experiences with dogs (especially GSDs):

● How long did your last pet live?

N/A Years: _____

● Have you ever returned a pet to a breeder?

No Yes, why: _____

● Have you ever given a pet away?

No Yes, why: _____

● Have you ever taken a pet to a shelter?

No Yes, why: _____

● Any additional information you'd like to provide:

REFERENCES

● Name:

● Phone:

● Veterinarian Name:

● Veterinarian Phone:

● Veterinarian Address:



THANK YOU!