



STUD SERVICE QUESTIONNAIRE

Name: _____

Phone: _____

Best Time To Call: _____

Address: _____

City, State Zip: _____

How Did You Hear About Us: _____

VETERINARY INFORMATION:

Clinic Name: _____

Phone: _____

Address: _____

City, State Zip: _____

Do you understand and agree that if you are not 100% truthful on this questionnaire, it may not only void all warranties and guarantees, but it may affect your ability to use one of our stud dogs, not only now, but in the future as well?

Yes No

Do you agree to inform us as to the registered name and number of each puppy for our records?

Yes No

What is your bitch's registered name and numbers?

What are her sire's and dam's names?

What titles does she have? What are her scores?

Why do you feel that one of our stud dogs will mesh with her?

What qualities are you looking for in this particular litter?

What are her weak points that you want to improve on?

What are her strengths?

If your bitch is co-owned, are all co-owners in agreement about this stud service and selection of stud dog?

Yes No

Please send the following documentation along with this questionnaire: Close up photos (stacked) full body: front, side, and rear; close up photos head: front, side, $\frac{3}{4}$; 3 generation pedigree, copies of scorebook pages or title certificates, copies of hip, elbow, eye, thyroid, cardiac, and PN test certificates. If both parents are PN normal, their certificates are sufficient.