

## Alaskan Malamute Stud Service Questionnaire

| Phone:       |                        | Best Time To Call:  |
|--------------|------------------------|---|
| Address:     |                        | City, State Zip:  |
| How Did You  | Hear About Us:         |   |
| VETERINAR    | Y INFORMATION:         |   |
| Clinic Name: |                        | Phone:  |
| Address:     |                        | City, State Zip:  |
| may not only | void all warranties ar | if you are not 100% truthful on this questionnaire, it not guarantees, but it may affect your ability to use one in the future as well? |
| Do vou agree | to inform us as to th  | ne registered name and number of each puppy for our   |
|              | F 3 3 7                |   |
| records?     | [ ] No                 |   |

| What titles does she have? What are her scores?  |
|--|
| Why do you feel that one of our stud dogs will compliment 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, ¾; 3 generation pedigree, copies of scorebook pages or title certificates, copies of hip, elbow, eye, cardiac, and PN test certificates. If both parents are PN normal, their certificates are sufficient. |