

Rose Breyer Retrievers Puppy Application
254 Robert Walker Rd, NC 27958
252-202-1791

Date:

Litter:

Owner's Name:

Address 1:

Address 2:

City:

State:

Zip:

Home Phone:

Work Phone:

Cellular Phone:

Fax:

Email Address:

Co-owned: ☐ Yes ☐ No Co-owner Name:

(Please check one.)

Main Usage:

(Please check one or all which apply.)

- ☐ Pet ☐ Field Trials
☐ Hunting ☐ Obedience
☐ Hunt Tests ☐ Other

Color Preference:

(Please check one.)

- ☐ Black ☐ Golden Retriever
☐ Yellow
☐ Chocolate

Sexual Preference:

(Please check one.)

- ☐ Male
☐ Female
☐ Either

Explain Other Uses:

Have you Owned a Retriever Before:

☐ Yes ☐ No

Previous Retriever

Experience:

Where will the dog be primarily kept:

Children In Home:

(Please check one.)

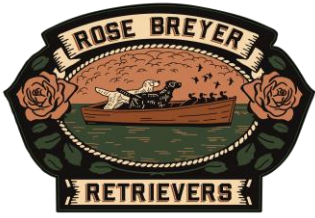
- ☒ Yes
☐ No

Yard Fenced:

(Please check one.)

- ☒ Yes
☐ No (Explain Containment)

Explain Containment:



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Do you understand that all puppies that are sold with AKC limited registration and we require them to not be spayed or neutered until at least two years of age? ☐ Yes ☐ No

Please provide phone number of your current Vet for a reference _____

What food do you currently feed if you have a current dog _____

Any additional comments or concerns that you may have?

I acknowledge that the information provided in this application is accurate:

Date: _____ Signature: _____

Please Email Puppy Application to rosebreyerretrievers@gmail.com