## **Puppy Application**

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Name					
Address		City, State, Zip			
Phone Numbe	rs	Emai	laddress		
If you currently do not own any dogs, tell me about your past exposure to dogs and dog ownership?					
Have you ever owned a dog before? (Yes or No)					
If yes, what dog breeds have you owned?					
Do you still own the dogs? If not, what happened to the dogs?					
Do you currently own any other non-canine animals? If Yes, please list them.					
Hav e y ou ev er owned a Golden Retriever before? ( ( Yes or No) )					
Do you prefer	a male or a female?	Why?			
Would y ou consider a puppy of another sex if y our pr efer ences ar e not av ailable? (Yes or No)					
How soon are you looking to get a puppy?					
What activity level are you comfortable with in a dog? (low, medium, high)					
Do you intend to compete with your dog? (Yes or No)					
Do y ou plan to participate on any of the following activities with your Golden? (Circle all that apply)					
Confor m at ion Obedience Hunting Agilit y Tr ack ing Fly ball Ther apy Br eeding Ot her:					
	: planning on br eeding or ut er ed? ( Yes or No)	show ing, w ould y	ou be w illing	յ t o hav e y our Golden	
	pies are sold on ASCA/ An? (Yes or No) If Yes, wi		ration and s <sub>l</sub>	pay/neuter agreements. Is	
How many adults live in your home?					
How many children live in your home and what are their ages?					
Is anyone in the controlled.	he home allergic to dog	s? (Yes or No) If ye	es, please ex	plain how the allergy will be	
Are all the members of the household comfortable around the presence of a puppy that could nip, jump and chew during its training stages?					
What are your	r plans for housing, traii	ning, and exercising	g your Austr	alian Shepherd?	

How do the members of the family feel about cleaning fecal material from the yard, possible holes being dug in the landscaping, and paths being worn from the patter of paws around the yard?				
Are you comfortable with a breed that sheds moderately? (Yes or No)				
Are you currently on the waiting list for any other litters? (Yes or No)				
Ar e y ou int er est ed in being cont act ed about Rescue dogs or older dogs needing placem ent if w e should come across a dog that we feel would suit your needs? (Yes or No)				
Do you own or rent your home?				
Type of dwelling:				
House Apartment/Condo Mobile Home RV or Trailer				
If you are renting or live in a condo, do you have your landlord's or condo association's permission to keep a dog? (Yes or No)				
Do you have a fenced yard? (Yes or No)				
If yes, type of fence, width, height:				
If no, what arrangements will you have for the dogs toilet duties:				
Where will this dog spend the day (Circle all that applies)				
Loose indoors Crate Basement Garage Fenced Yard Kennel Run Loose outdoors Other:				
How many hours on the average will the dog spend alone?				
Where will dog spend the night (Circle all that applies)  Loose indoors Tied up outside Crate Basement Garage Fenced Yard Kennel Run Loose Outdoors Other:				
Have you ever given up a dog to a shelter or pound? If so, why?				
What type of personality are you looking for in your dog?				
Who will take care of your puppy when you go on vacation?				
Please list two references such as a Veterinarian, person active in dogs or close acquaintance. Include a phone number and e-mail address if possible for each reference.				
If you are established with a vet, please provide name, address and phone of vet.				
How did you find out about this breeding?				