

DESTINATION DALMATIAN

APPLICATION

MUST ANSWER ALL QUESTIONS

Name: _____

Address: _____

Phone Number: _____

Email: _____

Is this your first dog? () Yes () No

Do You Own your home? () Yes () No

How long are your work hours? () yes () No

Do you have knowledge of the separation anxiety these dogs get? () Yes () No

Do you have a fenced in yard? () yes () No --How Big? _____

How many people live in your home? _____

Do you have any medical conditions? () Yes () No

If Yes, what is it? _____

Will the puppy you're interested in be a service or therapy dog? () Yes () No

Will this be a show dog? () Yes () No

Will this be a breeding dog? () Yes () No

If Yes, have you read and understood the contract? () Yes () No

What type of housing do you subside in? _____

Do you already have a veterinarian? () Yes () No

Do you have other pets in the home? () Yes () No

If yes, how many, and what kind?

How many Times in the last 2 years have you had to take your dog/other dogs to the vet for any emergencies or illnesses? _____