PUPPY QUESTIONNAIRE



PLEASE NOTE THAT THIS PUPPY WOULD BE SOLD TO YOU FULLY ENDORSED AND BARRED FROM BREEDING. THIS PUPPY IS SOLD ON PET TERMS ONLY AND BREEDING WILL NOT BE PERMITTED UNDER ANY CIRCUMSTANCES. SHOULD YOU REQUIRE ANY ADDITIONAL INFORMATION, PLEASE CONTACT THE BREEDER DIRECTLY. PLEASE PLACE A SIGNATURE IN THE BOX TO INDICATE YOUR **ACKNOWLEDGEMENT OF THE ABOVE.** Signed **FULL NAME OF ALL ADULTS IN THE HOUSEHOLD FULL ADDRESS INCLUDING POSTCODE** (please submit proof of address with application). **HOME TELEPHONE NUMBER WORK TELEPHONE NUMBER MOBILE TELEPHONE NUMBER E-MAIL ADDRESS HOW MANY CHILDREN DO YOU HAVE** AND WHAT ARE THEIRE AGES? **HOW MANY OTHER ADULTS LIVE IN** YOUR HOUSE? (please indicate if they are grown up children) PREFERRED SEX OF PUPPY **MALE FEMALE DON'T MIND** (those without preference may have priority). WHEN ARE YOU LOOKING TO **ASAP** 2025 Jan-June 2025 Jul-Dec 2026 **WELCOME A PUPPY INTO YOUR HOME? HAVE YOU OWNED A DOG BEFORE/WHAT DOG EXPERIENCE DO** YOU HAVE? DO YOU OWN ANY OTHER DOGS OR **CATS?** (please give details) WHAT KIND OF HOUSE DO YOU LIVE IN? WILL YOU BE WORKING YOUR DOG? DO YOU INTEND TO BREED FROM **YES** NO **YOUR DOG?** DO YOU OWN YOUR OWN HOUSE? (if **LIVING WITH OTHER OWNED RENTED** not evidence of permission to own a dog will be **FAMILY** (please explain below) required). PLEASE EXPLAIN YOUR HOUSING **CIRCUMSTANCES IF NOT CLEAR FROM ABOVE.**



WHY HAVE YOU DECIDED TO GET A DOG/PUPPY NOW.								
HAVE YOU RESEARCHED THIS BREED?	YES				NO			
WHAT SIZE IS YOUR GARDEN AND IS IT FULLY SECURED?								
WHAT IS YOUR OCCUPATION?								
WHAT HOURS ARE YOU AWAY FROM THE HOME NORMALLY?	Work from 1-2 Hours 3-4 Hours home per Day per Da				9 am - 5pm	In excess of these		
IF YOU ARE CURRENTLY WORKING FROM HOME, HOW LONG HAVE YOU BEEN DOING SO?						,		
WILL YOUR WORKING HOURS AND WORK LOCATION CHANGE OVER THE NEXT 12 MONTHS?	YES			NO				
WHAT IS YOUR PARTNER'S OCCUPATION?								
WHAT HOURS ARE THEY AWAY FROM THE HOME NORMALLY? (tick as appropriate)	Work from home	1-2 Hours per Day	3-4 Hour Day	-	9 am - 5pm	In excess		
IF YOUR PARTNER IS CURRENTLY WORKING FROM HOME, HOW LONG HAVE THEY BEEN DOING SO?								
WILL THEIR WORKING HOURS AND WORK LOCATION CHANGE OVER THE NEXT 12 MONTHS?	YES NO							
WHAT ARRANGEMENTS WILL BE MADE FOR YOUR PUPPY WHEN NO ONE IS HOME?	DOG SITTER VISIT	TAKEN TO FAMILY/ CRATE FRIENDS			PUPPY DAY CARE	OTHER (please state below)		
OTHER ARRANGEMENTS (please state any provisions for the puppy that aren't shown above when no one is home)								
HOW MANY HOURS DO YOU CONSIDER IT OK FOR A PUPPY TO BE LEFT ALONE?	NEVER 30 MINS MAX 30-60		30-60 N	IINS	1-2 HOURS	OVER 2 HOURS		
HOW MANY HOURS DO YOU CONSIDER IT OK FOR A DOG TO BE LEFT ALONE?	NEVER 30 MINS MAX		1-2 HO	URS	3-4 HOURS	OVER 4 HOURS		
WILL YOUR PUPPY BE ALLOWED ON THE SOFA?	YES			NO				
WILL YOUR PUPPY EVER BE ALLOWED TO SLEEP ON YOUR BED?	YES			NO				



WHAT IS YOUR NORMAL WEEKDAY ROUTINE? (please list any regular sporting/educational/hobby or similar activities).								
WHAT IS YOUR NORMAL WEEKEND ROUTINE? (please list any regular sporting/educational/hobby or similar activities).								
DO YOU OR ANY MEMBER OF THE FAMILY LIVING AT THE ADDRESS SUFFER ALLERGIES TO PET HAIR? IF NOT, PROPER EXPOSURE SHOULD BE UNDERTAKEN BEFORE PURCHASE OF A PUPPY.								
DO YOU HAVE ANY HOLIDAYS BOOKED IN THE NEXT 24 MONTHS? IF SO WHEN, WHERE AND FOR HOW LONG?								
WILL YOU BE GETTING INSURANCE FOR YOUR PUPPY?	YES (lifetime) YES (standard)		VET PROGRAM		NO			
WHAT LEVEL OF INSURANCE WOULD YOU BE PURCHASING FOR YOUR PUP?	£4k or less	£4-£	£4-£6k		£7-10k		£10k or more	
WILL YOU BE CONTINUING WITH MY RECOMMENDED FOOD? IF NOT, WHAT ARE YOUR PREFERENCES? (please delete as appropriate).	BREEDER FOOD	RAW	КІВВІ	LE	WET		OTHER (please specify)	
PREFERRED BRAND OF FOOD IF YOU HAVE ONE? (if applicable)								
WILL YOU BE VACCINATING YOUR PUPPY AND WHAT FOR?	No Vaccinations	Parvo, Distemper, Hepatitis	Leptospi	ospirosis Kennel Cough		ALL		
ARE YOU FAMILIAR WITH THE CONDITIONS THAT THIS BREED IS PRONE TO?	YES			NO				
SHOULD YOU BE UNABLE TO KEEP THIS PUPPY, DO YOU AGREE TO RETURN IT TO ME FOR REHOMING?	YES			NO				
HAVE YOU EVER HAD TO REHOME A PET? IF SO, WHAT WERE THE CIRCUMSTANCES?								
ARE YOU HAPPY TO SIGN A SALES CONTRACT? (a copy will be provided in advance of collection for approval)	YES			NO				
WILL YOU BE NEUTERING YOUR PUPPY AT SOME POINT IN THE FUTURE?	YES			N	NO			
WILL YOU BE USING A CRATE? (tick all appropriate).	NIGHT ONLY	DAYTIMI	DAYTIME NAPS		WHILE YOU ARE OUT		ALL THREE	
WILL YOU BE USING A HARNESS?	YES			NO				



DO YOU HAVE ACCES LEAD AREAS (please given										
IS EVERYONE IN YOU TO THE PURCHASE O										
HOW MUCH PER MO THINK IT WILL COST T PUPPY IN THE COMFO DESERVE	TO KEEP THIS	£10- £30	£31-£50	£51-£70	£71-£	90	E91- E110	£111- £130	£131- £150	In Excess of £150
VET PRACTITIONER N AND TELEPHONE NU	Ť									
PLEASE CAN YOU TEL ABOUT YOURSELF AN AND WHY YOU THINI WOULD BE THE BEST OF MY PUPPIES?	ND YOUR FAMILY K YOUR HOME PLACE FOR ONE									
SPECIAL NOTES										
 I understand that acceptance onto a waiting list does not give any guarantees of a puppy and that the breeder reserves the right to remove any person from a waiting list at any time. 										
 I understand that I/we will be required to sign a specific contract banning the resale of this puppy at any time or prosecution is likely and a penalty enforced. 										
 My puppies are generally sold for pet or showing purposes only. If you wish to consider breeding in the future, please contact me direct to discuss further. 										
SIGNED										
PRINT NAME						DATE				

PURPOSES OF FREE INSURANCE.

YOUR GDPR PRIVACY....... YOUR DETAILS WILL NOT BE SHARED OR SOLD. YOUR CONTACT DETAILS WILL ONLY BE USED FOR NORMAL ENQUIRY PURPOSES AND POTENTIALLY FOR PUPPY CONTACT PURPOSES FROM THE KENNEL CLUB, A MICROCHIP DATABASE COMPANY AND AN INSURANCE COMPANY FOR THE



FOR OFFICE PURPOS	ES ONLY					
DATE APPLICATION RECEIVED:		DATE OF ASSESSMENT:				
DATE ACCEPTED ONTO LIST:		LITTER ACCEPTED ONTO:				
SEX OF PUP REQUIRED:		DATE PUPPY OFFERED:				
DEPOSIT PAID:		FINAL PAYMENT RECEIVED:				
COLLAR COLOUR OF PUPPY:		SEX OF PUPPY OFFERED:				
KC REG NUMBER:		KC REG NAME:				
PUPPY VISIT DATES:	1)	2)	3)			
Microchip No:		DATE OF MICROCHIPPING:				
VET VISIT DATES:		DATE OF VET CHECK:				
ANY ABNORMALITIES:						
1 ST VACCINATION DATE:		CONTRACT SENT FOR REVIEW:				
SIGNED CONTRACT RECEIVED:		MICROCHIP TRANSFER COMPLETED:				
PUPPY COLLECTION DATE:		TIME OF COLLECTION				
DISCOUNT OFFERED:		PET NAME OF PUPPY				
SPECIAL NOTES:		<u>!</u>	<u>!</u>			