

GARCIN GOLDEN'S



Golden Retrievers

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 Portage, WI 53901
 (608) 742-6790

APPLICATION FOR PUPPY ADOPTION

Date:		
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Number of People in Household:	If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Co-Applicant Information		
Name:	Relationship:	
Telephone numbers: Home:	Work:	Cell:
E-mail Address:		Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
General Information		
How did you learn about us? <input type="checkbox"/> Website <input type="checkbox"/> Golden Retriever Publication <input type="checkbox"/> Word of Mouth		
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn		
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:
Complex name/address:		
Manager/Landlord:		Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits		
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:	
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside		
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside		

Do you have a fenced in yard ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how high?
Will you allow the dog to run loose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the dog be alone?		Where will the dog stay when left alone?
Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking) <input type="checkbox"/> Moderate (Normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests) <input type="checkbox"/> Other (specify)	

In the absence of the primary caregiver, who will care for the dog?

Do you prefer a male or female? Male Female

If your first choice is not available, would you be willing to take a puppy of the opposite sex? Yes No
Or would you wait for another litter?

Do you agree to have your puppy spayed or neutered? Yes No

Have you ever had a puppy? Yes No

Have you ever crate/kennel trained a puppy? Yes No

Would you consider obedience training for your new dog? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Other information you would like to share:

Pet Information

Have you had pets in the last five years? Yes No If yes, complete the following chart

Name of Pet; Type of Pet	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: _____ Phone: _____

Do you consider your dog a part of the family? Yes No Will your dog be on heartworm prevention? Yes No

Are you aware that a dog is a large and lifelong commitment? Yes No

Personal References

1 Name: _____ Relationship: _____

Phone: _____ Best time to contact: _____

Comments: