

RADFORD RETRIEVERS

Box 10211
108 Mile Ranch, B.C. V0K 2Z0
250-791-7330 radfordretrievers@shaw.ca

Flat-Coated Retriever Puppy Application

Date: _____
Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Alt Phone: _____
Email: _____

Please take a few moments to answer the following questions. Your responses will be used to help to match the best puppy with your home and lifestyle.

Are you looking for a pet dog? Yes No Are you looking for a show/breeding dog? Yes No
Do you prefer a Male Female No Preference Do you Plan to Spay/Neuter you dog? Yes No
Would you be willing to sign a CKC non-breeding Registration? Yes No
When are you hoping to get a puppy? _____

Your Family	Your Pets
<p>1. Who are getting this puppy for? <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Other _____</p> <p>2. Are all members of your household wanting this puppy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. No. adults at home? _____ adults 18+ yrs</p> <p>4. No. children at home? ____ 0-7yrs ____ 8-17yrs</p> <p>5. Any visiting Children? <input type="checkbox"/> No <input type="checkbox"/> Yes Ages: _____</p> <p>6. How often do they visit? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually</p> <p>7. Any allergies to dogs in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. How busy is your family? <input type="checkbox"/> Very <input type="checkbox"/> A little <input type="checkbox"/> Not at all <input type="checkbox"/> Sometimes</p> <p>9. How would you describe yourself? <input type="checkbox"/> Nervous <input type="checkbox"/> Loud <input type="checkbox"/> Calm <input type="checkbox"/> Quiet</p> <p>10. How would you describe other people in your house? <input type="checkbox"/> Nervous <input type="checkbox"/> Loud <input type="checkbox"/> Calm <input type="checkbox"/> Quiet</p> <p>11. Are you planning on the following in the next 6 month? <input type="checkbox"/> Moving <input type="checkbox"/> Holiday <input type="checkbox"/> Change in Schedule</p> <p>12. Where will your dog stay during holidays? <input type="checkbox"/> At home with care <input type="checkbox"/> Boarding <input type="checkbox"/> Other _____</p>	<p>1. Who will be the dog's primary caretaker? _____</p> <p>2. Have you had dogs before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. What happened to them? _____</p> <p>4. Have you ever surrendered a pet to the SPCA or another organisation? <input type="checkbox"/> No <input type="checkbox"/> Yes Reason? _____</p> <p>5. How much daily exercise can you give your dog? Week: _____ Weekend: _____</p> <p>6. What would you enjoy doing with your dog? <input type="checkbox"/> On leash <input type="checkbox"/> Walking <input type="checkbox"/> Swimming <input type="checkbox"/> Off leash park <input type="checkbox"/> Jogging <input type="checkbox"/> Cycling <input type="checkbox"/> Other: _____</p> <p>7. Do you have the landlord's permission to have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Please give name & phone number</p> <p>9. Approximately how much do you think your dog will cost you per year? Vet _____ Food _____ Boarding _____</p> <p>10. Are you willing to put your dog into obedience training? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>11. Are you interested in dog sports? <input type="checkbox"/> agility <input type="checkbox"/> hunt <input type="checkbox"/> Flyball. <input type="checkbox"/> Dock diving <input type="checkbox"/> Rally/ Obedience <input type="checkbox"/> Tracking <input type="checkbox"/> Other: _____</p>
Your Home	Other Pets
<p>1. What type of home do you live in? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Acreage <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____</p> <p>2. Do you have a yard? <input type="checkbox"/> Fenced <input type="checkbox"/> Not fenced <input type="checkbox"/> Partly fenced <input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other _____ How high is your fence? _____</p> <p>3. Where will your dog stay during the day/night? <input type="checkbox"/> Loose in the house <input type="checkbox"/> Tied outside <input type="checkbox"/> Garage <input type="checkbox"/> Loose outside <input type="checkbox"/> Crate <input type="checkbox"/> Kennel run <input type="checkbox"/> With me <input type="checkbox"/> Other: _____</p> <p>4. How long will your dog be alone during the day? Week: _____ Weekend: _____</p> <p>5. Where will your dog stay during the night? <input type="checkbox"/> Crate in bedroom <input type="checkbox"/> Loose <input type="checkbox"/> Garage <input type="checkbox"/> Outside <input type="checkbox"/> Other: _____</p>	<p>1. Do you have other dogs? How Many? _____ <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed Breed Type:</p> <p>2. Do you have other pets? How Many? _____ <input type="checkbox"/> Cats <input type="checkbox"/> Birds <input type="checkbox"/> Other _____</p> <p>3. Do you have a family veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Please provide name and phone number Vet Contact Information</p> <p>Under what conditions would you return you dog? <input type="checkbox"/> moving <input type="checkbox"/> too costly <input type="checkbox"/> new baby <input type="checkbox"/> aggression <input type="checkbox"/> sick dog <input type="checkbox"/> Not enough time <input type="checkbox"/> Behaviour problems</p>

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How did you hear about Radford Retrievers?

Why do you want to own a Flat Coated Retriever?

Any questions you might have?

Any further information you would like to share?

Thanks for completing this questionnaire.

Roxanne Ziefflie
Radford Retrievers