

Prospective New Puppy Owner Questionnaire

Name:	
Address:	
Tel. no:	
E-mail addre	ss:
Is there any	member of your family who is allergic to animals:
Does EVERYO	ONE in your household want a puppy:
Number of n puppy:	nembers in your family and the ages of children (if any) that will be living with the
Do you live i	n a house with a FENCED back yard:
*If there is an	inground pool, is it totally fenced off from the area designated for the puppy: Yes or No
* If a rental, a	re you legally allowed to have a pet in the house
Have you ha	d any dogs in your past, please tell us a little about them:
Do you have	ANY other pets currently: (if yes please describe them)

Will someone be home with the puppy during the day; if not what provisions are you making to make sure you puppy will be fed and exercised appropriately	
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How much time will the puppy have to be left alone and where will the puppy be:	
Where will the puppy sleep at night	
Briefly tell us about your family's lifestyle, hobbies and interests and how your new puppy would fit in:	
Who will be the primary caregiver of the puppy?	
Have you researched the breed and are you financially prepared and capable of providing veterinary care and training for your new puppy:	
Golden Retriever puppies are very active and curious, are you prepared and willing to take your puppy for training:	
Do you want a male or female?	
Please describe what you are looking for in a golden retriever as a lifelong companion:	
Signature Date:	