

Application for Canine Ownership

Applicant Information

Name			
Street Address			
Street Address			
City			
State		Zip Code	
Phone		Alternate Phone	
E-Mail Address			

Co-Applicant Information

Name			
Street Address			
Street Address			
City			
State		Zip Code	
Phone		Alternate Phone	
E-Mail Address			

I am interested in:

🍏 Show

🍏 Pet/Companion - *All pet/companion canines are sold with limited registration and a spay/neuter contract. Pet/companion canines must be spay/neutered at Buyer's expense and proof of spay/neuter must be presented to Breeders/Sellers before registration papers will be given or transferred.*

🍏 Male

🍏 Female

Anticipated time frame for purchasing: _____

References: Please list three persons not living with the applicant or co-applicant

Name	Address	Phone	Relationship	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Veterinarian: If you do not have one please check box

Name			
Name of Office			
Street Address			
Street Address			
City			
State		Zip Code	
Phone		Alternate Phone	
E-Mail Address			

Past History with Pets/Animals

Have you ever returned, surrender, or had an animal confiscated in any matter?
 No Yes *If Yes, explain why and describe the circumstance on back of application.*

Does any member of the household have any allergies to any animals?
 No Yes *If Yes, list type and severity.*

Name	Allergy	Severity

Do you own any other pets/animals? No Yes *If Yes, please list..*

Type (dog,cat,bird,etc.)	Breed (kind)	Sex	Age	Get alone with other animals? Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Brachycephalic Breed Knowledge

Do you & your veterinarian have a good understanding of the Brachycephalic breeds, their needs and limitations? Yes No

Why this breed?

Are you prepared for the needs of this canine? Yes No

Who will be the primary caregiver? _____

Dwelling Information

Type of Dwelling: House Town House Apartment/Condo
Own Rent *If rent list landlord contact information*
Landlord Name: _____
Phone Number: _____

Is the yard or outside play area fenced? Yes No

Is there a pool: Yes No

If yes is it fenced or secured? Yes No

Canine Care

Where will you keep the Canine? _____

Will the Canine be left alone? Yes No *If yes how many hours per day? _____*

Where will the Canine be kept when left alone? _____

If left alone for any length of time; who will exercise, feed, and water the Canine?

Where will the Canine sleep at night? _____

What are your plans for continued socialization of the Canine? _____

Members of Your Household

Please complete the following: *(Please include applicant and co-applicant, if additional room needed please use the back of application and indicate here)*

First Name	Age	Adult/Child
		Adult <input type="checkbox"/> Child <input type="checkbox"/>
		Adult <input type="checkbox"/> Child <input type="checkbox"/>
		Adult <input type="checkbox"/> Child <input type="checkbox"/>
		Adult <input type="checkbox"/> Child <input type="checkbox"/>
		Adult <input type="checkbox"/> Child <input type="checkbox"/>
		Adult <input type="checkbox"/> Child <input type="checkbox"/>

How did you learn of us? _____

Return to:

Phone:

Email:

By signing this application you are legally stating that all information given is accurate and true.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____