

# DALMATIAN HERITAGE PROJECT

## PUPPY APPLICATION

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**Applicant Information:**

Name:	Home Phone:
Street:	Other Phone:
	Cell Phone:
City, State, Zip:	
E-mail	
Age:	
Occupation:	

**Other Members of Household:**

Name:	Age:	Occupation

**Other Pets Residing in Home:**

Name:	Age:	Sex	Neutered	Type:

Do you have a preference regarding the gender of the puppy?

female  male  no preference

Why? \_\_\_\_\_

Do you have a color preference?  Black spots  Liver brown spots  no preference

Have you ever raised a puppy?  yes  no

What breed? \_\_\_\_\_ What year? \_\_\_\_\_

Prior experience as a dog owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing and Care Information:**

Do you rent or own your home?  rent  own  other

How long have you lived there? \_\_\_\_\_

Other addresses in the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your home and yard:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your yard completely and securely fenced?  yes  no

Do you have an enclosed kennel area?  yes  no If "yes," length \_\_\_\_\_ and width\_\_\_\_\_.

Who will be responsible for your dog's care? \_\_\_\_\_

Who will train your dog? \_\_\_\_\_

Do you plan to take your dog to obedience class? \_\_\_\_\_

Where will your dog stay when no one is at home? \_\_\_\_\_

Where will your dog stay when you travel? \_\_\_\_\_

Where will your dog sleep? \_\_\_\_\_

How many hours per day will your dog be at home alone? \_\_\_\_\_

Please describe your typical daily schedule:

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Please list your hobbies, other interests or things you would like us to know about yourself.

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Please list two references (veterinarian, friends, dog training instructor, etc)

Do you have any additional comments or questions for us?