

DOXIELAND DELIGHT PUPPY APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

ARE YOU LOOKING FOR A PET, SHOW OR BREEDING DOG? _____

DO YOU HAVE A SPECIFIC GENDER THAT YOU ARE LOOKING FOR? _____

ARE YOU LOOKING FOR A SPECIFIC COLOUR OR PATTERN? _____

DO YOU OWN OR RENT YOUR HOME? (IF RENT HOME DO YOU HAVE PERMISSION TO HAVE A DOG?) _____

DO YOU HAVE CHILDREN THAT LIVE IN YOUR HOME? (IF YES HOW MANY AND AGES?) _____

DOES ANYONE IN THE HOUSEHOLD HAVE ANY ALLERGIES TO ANIMALS? _____

ARE THERE CURRENTLY OTHER PETS IN THE HOUSE? _____

HAVE YOU EVER OWNED A MINIATURE DACHSHUND BEFORE? _____

HAVE YOU EVER HOUSE TRAINED A DOG BEFORE? _____

HOW MUCH TIME WILL THE PUPPY HAVE TO SPEND HOME ALONE? _____

DO YOU HAVE A VETERINARIAN THAT USE OR PLAN TO USE? _____

HAVE YOU EVER HAD TO RETURN A PET TO THE BREEDER OR TAKE TO A SHELTER? (IF YES WHAT WERE THE CIRCUMSTANCES?) _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD _____
