

O'Quince Goldens

Potential Puppy Owner Questionnaire

All information is kept confidential and used only by the Breeders/Owners of the litter. This questionnaire helps us match the right puppy with the right owner. If you feel that any additional information would be helpful, please add it to the bottom of the questionnaire.

We thank you for your cooperation and interest.

Please complete the entire form.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

e-mail: _____

Web URL: _____

Your occupation: _____

Spouse's occupation: _____

1. How did you learn about O' Quince Goldens ?

2. Why have you decided to purchase a **Golden Retriever** puppy? _____

3. Do you prefer a male or female? _____

4. For what purposes are you purchasing a **Golden Retriever** puppy? _____

5. Are there children in the family? _____

6. If so, what are the ages of your children? _____

7. Do all family members want a new puppy? _____

8. Do any family members have allergies to dogs? _____

9. Have any family members been bitten by a dog? _____
10. If yes, what were the circumstances? _____

11. Are any family members afraid of dogs? _____
12. Do you own or rent your principle residence? _____
13. What type of housing and location do you have? _____
Examples: Farm/house Town/apartment
14. Where will the puppy be accommodated during the day **and** the evening?
a. Day _____
b. Evening _____
15. Is there someone home during the day, or able to get home to "potty" the puppy? _____
a. If no, what kind of arrangements will you be making for your new puppy? _____

16. Do you have a fenced yard? _____
17. Please describe yard size and how you plan to keep your puppy safe from hazards such as the road.

18. Are there neighborhood restrictions on owning a dog? _____
19. Are you committed to care for this dog's needs for his/her lifetime? _____
20. Do you have other pets? _____
If so, please describe: (breed, type, age etc.) _____

21. Are you willing to take this dog to obedience classes or puppy kindergarten so that he/she will become an enjoyable companion and a good canine citizen? _____
22. Have you ever owned a puppy? _____
23. Did you crate train the puppy or dog? _____
If no, please describe why. _____
24. Have you ever completed an AKC title? _____ If yes, congratulations and what in? _____

25. What type of personality are you looking for in your puppy? _____

26. What are your plans for this puppy? _____

27. If you **ARE** considering breeding this dog, are you prepared to obtain all of the following: Yes or no?

- a. OFA Hip and elbow clearances _____
- b. CERF Eye clearances yearly _____
- c. Heart Clearance by a board certified cardiologist _____

28. Are you willing to spay/neuter this dog if sold as a pet? _____

29. Please include anything else that will help us place the right puppy with you. _____

30. Please name **TWO** persons that we could contact for references. Please include one being the name of the veterinary clinic that knows you. If this is your first pet, please give **TWO** references **PLUS** the name of the vet that you plan on taking your puppy to for its health care.

List Name(s)	Phone Number(s)	and if possible, e-mail(s)
a.		
b.		
(c)		

I understand that sending this application does not automatically entitle me to a dog. I understand that this application is just a beginning step in the interview process for a puppy.

All of our companion or pet puppies are sold with AKC Limited Registration and on spay/neuter contracts. This means that the dog is registered with AKC however, none of the offspring are eligible for registration.

A dog with a Limited Registration, as well, as a spayed or neutered dog, can compete in all AKC events except in the Conformation classes (breed ring.)

Signed _____

Please review, sign and return to:

Date _____

pamtibbs@comcast.net or

Pam and John Tibbs, O' Quince Goldens, 2173 Highland Road, Richmond, IN. 47374