Von Dara Rottweilers

Puppy Application

Please answer all questions thoroughly. We will review your application and once approved you will be notified!

Names of all adults in the household: _____

Street:		
City:	State:	Zip:
Home Phone:		
E-mail Address:	WERK	
Occupation:		
*If married please provide both		
DO YOU HAVE CHILDREN? Yes	NoAGES:	IF YES, HAVE
THEY BEEN EXPOSED TO DOGS?	Yes <u>No</u>	
DO YOU WORK OUTSIDE THE HO	OME? Yes No FULL	TIME or PART TIME?
DOES ANYONE IN YOUR FAMILY	HAVE ALLERGIES OR ASTHMA? Yes _	No Explain:
environment, and then we will t you are on what you are interes GENDER: MALE: FEMA	y in assessment is an appropriate tem take into consideration requests for s sted in, the longer your wait time may LE:EITHER:	pecific gender. The more specific
	FAMILY EVER OWNED A DOG BEFORE	? Yes No IF YES, WHAT
WHAT IS YOUR LEVEL OF EXPER No experience	IENCE WITH DOGS? Very experienced	Moderate experience
HAVE YOU EVER OWNED A ROT TO UTILIZE AN APPROVED TRAII	TWEILER BEFORE? Yes No NER?	IF NO ARE YOU WILLING
HAVE YOU EVER RELINQUISHED EXPLAIN:	A DOG TO AN ANIMAL SHELTER? Yes	IF SO PLEASE

WHAT SORT OF LIFESTYLE DO YOU LEAD: Active _____ Semi-Active _____ Sedentary _____

DO YOU OWN ANY OTHER ANIMALS? Yes _____ No _____ Explain:

 DO YOU OWN OR RENT YOUR HOME? Own _____ Rent _____ PROPERTY SIZE: ______

 DOES YOUR HOME HAVE A FENCED YARD? Yes

WILL YOU COMMIT TO BASIC OBEDIENCE TRAINING FOR YOUR PUPPY? Yes _____ No _____ Explain:

IF YOU WORK, WILL YOUR PUPPY BE LEFT ALONE ALL DAY? Yes _____ No _____ Explain:

IF YES, WILL YOUR PUPPY BE PROVIDED A MIDDAY POTTY BREAK AND PLAY TIME? Yes _____ No _____ WHERE WILL YOUR PUPPY SLEEP AT NIGHT?

WHAT ARE YOUR INTENTIONS WITH THIS PUPPY? (Show, Agility, Bite Sports, PPD, Obedience, Pet etc.)

GENERAL COMMITMENT

WILL THE COST OF CARING FOR YOUR PUPPY FIT COMFORTABLY INTO YOUR BUDGET? Yes _____ No _____ ARE YOU COMMITED TO CARING FOR THIS DOG FOR HIS/HER LIFETIME? Yes _____ No _____

IF YOU ARE UNABLE TO CARE FOR YOUR DOG AT ANY POINT DURING HIS/HER LIFE, DO YOU AGREE TO CONTACT US SO THAT WE MAY ASSIST IN RE-HOMING THE DOG? Yes _____ NO _____

DO YOU AGREE TO PROVIDE YOUR DOG WITH ALL NECESSARY VETERINARY CARE TO MAINTAIN YOUR DOG IN GOOD HEALTH? Yes ______ No ______

ADDITIONAL INFO YOU'D LIKE TO SHARE:

ROTTWEILERS

REFERENCES

2._____

WHAT IS THE NAME OF YO	OUR VETERINARIAN OF	CLINIC?		
HAVE YOU USED THIS VET	BEFORE? Yes	No	MAY WE CONTACT THEM FOR A	
REFERENCE? Yes	No			

NAMES & #'S OF TWO UNRELATED, NON-FAMILY REFERENCES ARE REQUIRED: 1._____

I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY. I UNDERSTAND THAT IF ANY INTENTIONALLY FALSE STATEMENTS HAVE BEEN GIVEN, VON DARA ROTTWEILERS HAS THE RIGHT TO REFUSE TO SELL TO ME. I UNDERSTAND THAT VON DARA ROTTWEILERS MATCHES THE BEST PUPPY TO EACH FAMILY AND FOR THE MOST PART DOES NOT ALLOW PICKING.

NFILER

SIGNATURE:

THANK YOU!

DATE:

Von Dara Rottweilers ω Meadowview, VA ω U.S.A

VON DARA ROTTWEILERS