



Puppy Buyer Application

Companion Show Breeding

Contact Information

Full name: _____

Daytime Phone: _____ Evening Phone: _____

Full Address: _____

Email address: _____

Occupation: _____

How long at above address: _____

I'm Looking For...

What is your estimated budget for new puppy purchase? _____

Who is responsible for making the financial decision? _____

Please describe the puppy/dog you are hoping to add to your family? Include gender, coat type, size (in pounds), age, registration type, color etc. _____

Are you committed to working with ChiWowTown as your breeder of choice? _____ Why? _____

Family & Housing

How many adults & children (relationship) are in your family? _____

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: __ Active __ Noisy __ Quiet __ Average

If you rent, please give the rules governing pets and the landlord's name and number: _____

(By providing this information you are permitting us to contact your landlord. Please inform them of this call so they will speak with us.)

CHIOWOWTOWN

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to adopt a dog? _____

Do you have time to provide adequate love and attention? _____

Other Pets

What other pets do you have (specify type and number)? _____

Are these pets vaccinated or do you run titer tests to verify sufficient antibody protection?

Are these pets spayed/neutered? If not, why? _____

Have you every surrendered a pet? If so, why? _____

Have you ever had a pet euthanized? If so, why? _____

Have you ever lost a pet to an accident? _____

How do you discipline your pets and why? _____

Veterinarian

Do you have a regular veterinarian? __ Yes __ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing us with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to ChiWowTown.)



CARE

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact ChiWowTown if you can no longer keep this dog? Yes No

How did you hear about ChiWowTown? _____

Personal References

Please list someone who is familiar with both you and/or your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)