



PUPPY APPLICATION

Full Name _____

Address _____

Phone number _____

Email address _____

Interested in a male/female? _____

Have you owned a Golden before? _____

Do you have a fenced in yard? _____

Will the dog be kept primarily inside or outside? _____

How many hours a day are you away from home? _____

Do you have kids? If so, what are their ages? _____

What other pets do you have? _____

Veterinarian name and number- _____

May I contact your vet for a reference? _____

Are you willing to provide lifetime care, love, and support for the dog? _____

Signature

Date