

## **Questionnaire for Potential Puppy Buyers**

Thank you in advance for taking the time to fill out this questionnaire. The purpose of this questionnaire is to asset us in finding the best match for you and the best home for our puppies. Please complete and sign this questionnaire and return it to us.

| Date:   |
|---|
| Name:   |
| Address:  |
| Home:   |
| Work:   |
| Mobile:   |
| Email Address:  |
| Occupation(s):  |
| Dog Preferences   |
| Why are you interested in a Golden Retriever?   |
|   |
| How did you learn about Kingsgold/Timberbash Golden Retrievers?                         |
|   |
| What are the most important characteristics that you are looking for in your puppy/dog? |
|   |
|   |

| What type of personality are you looking for in your puppy (energy level, affection, etc.)  |
|---|
|   |
| What sex of puppy do you prefer? Male Female  |
| Puppy Care and Home   |
| Do you believe that getting a puppy is a commitment for the lifetime of the dog? Yes No   |
| Will you spaying/neutering this dog? Yes No   |
| Have you ever owned a dog before? If so, list the dogs and indicate the breeds. If you didn't keep a dog it's entire life, please explain why?                        |
|   |
| Are you purchasing this dog to compete in obedience, field work, agility, conformation shows, search and rescue or other dog event? If so please describe your plans. |
|   |
| Have you ever completed an AKC title on a dog in field, conformation, agility, obedience or other dog event? If so please describe.                                   |
|   |
| Who will be the primary caregiver for the puppy? If this person is not an adult, how old is the person?   |
| Do you have a fenced yard for you puppy/dog? Yes No If so how high?   |
| Describe the place your puppy/dog will spend the day.   |
|   |

Describe your family, how many adults, elderly, children and other pets live in your home.

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| Estimate the amount of time per day the puppy/dog will spend interacting in activities with a person (being trained, petted, brushed, shown, hunting, etc.) |
|---|
|   |
| Estimate the amount of time per day the puppy/dog will spend in the company of a person (sitting beside a person reading, watching TV, etc.)                |
|   |
| How do you plan on exercising your puppy/dog?   |
|   |
| Have you taken Puppy Training and/or Obedience courses? Yes 🗌 No 🗌  |
| Do you plan to take a Puppy Training course with this puppy? Yes 🗌 No 🗌   |
| How much do you think it costs to care for a dog properly? (Include feeding, caring for and veterinary care.)   |

| Would you be willing to |     |    | elbows, eyes a | and heart tested b | by a certified | veterinarian at |
|-------------------------|-----|----|----------------|--------------------|----------------|-----------------|
| the age of 2 years old? | Yes | No |                |                    |                |                 |

By signing here you are assuring that all of your answers above are complete and truthful.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |