

Sweet Cream Puppy Application

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Name: Address:
Phone Number:
Email Address:
Male or Female (Circle one)
Full Registration or Limited Registration
Who lives in the home besides you?
Children – Ages:
Does anyone in the home have an allergy to dogs? If so how will you control the allergy?
Are all the members of the household comfortable around a puppy that could nip, jump and chew?
Are you comfortable with a breed that sheds a lot?
Have you owned a Golden Retriever in the past?
If so tell me about that experience
Why do you want a Golden Retriever?
Do you have any other pets?

If so how long have you had them?

Do you rent or own your home?

If you rent does your landlord allow large dogs? (attach letter of authorization)

What type of housing do you live in? (House, Apartment, Condo)

Do you have a fenced yard? Type of fence?

Height?

What activity level are you comfortable in a dog? Low, Moderate or High

How do you plan to exercise your dog?

Where will the dog spend the day?

How many hours per day will the dog spend alone?

Where will the dog spend the night?

Thank you for completing this application. We will contact you if we need further information