

Oregon's Legendary
Goldens



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Name:

Phone #:

Address:

Email Address:

City, State, Zip:

Rererral:

Why did you choose this breed?

Gender Preference

Female

Male

No preference

Why did you choose this gender?

What needs will this dog fill?

Emotional Support

Pet

Therapy

Service Dog:

Facility Dog

Other:

Have you previously owned a dog?

What breed?

What size was the dog?

What Energy level?

What was your favorite thing about this dog?

What was your least favorite thing about this dog?

Do you still own the dog? If not what happened to it?

Do you currently own any other animals? Please list them:

What energy level are you comfortable with? (low, medium, high)

Are their children in the home? list of ages:

Please tell me a little about your children.

Does anyone in the home have dog allergies? { Minor, Severe, Maybe }

Do you own or rent your home? Type of home?

Do you have a fenced yard?

Where will this dog spend the day?

Where will this dog spend the night?

How many hours per day will this dog be left alone?

What are your plans for housing, training and exercising you dog?

Please describe your lifestyle: {very active, mildly active, rarely active}

Do you plan to spay/neuter?

Do you have a vet?

Please describe your ideal dog, and how you view life with this pet.