



PUPPY QUESTIONNAIRE

Thank you for your interest in a *Dō-ha Akita*.

In order for us to assist you in selecting the best match for your home, we ask that you complete The following questionnaire completely and honestly. All information provided will remain Confidential.

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Cell: _____ Work: _____

Email Address: _____

Will anyone else own this puppy with you? ____ If yes, name: _____

What is their relationship to you? _____

Do you live in a House ____ Apartment ____ Condo ____?

Do you Own ____ or Rent ____? (If rent, have you received permission from your landlord to have an Akita on the property?) Please provide photos of your home, front and back yard with this questionnaire

Are you interested in a Show Quality ____ Companion ____? Male ____ Female ____?

Have you owned Akitas in the past? Yes ____ No ____? If no, what interests you in the Akita breed?

Do you currently own any other Akitas? Yes ____ No ____

If yes, how many? Males ____ Females ____

Are they Altered ____ or Intact ____?

From whom did you acquire them? _____

Are you a Breeder or have you ever been a Breeder? Yes ____ No ____

If yes, what breed and how long? _____

Were the litter(s) AKC Registered? Yes ____ No ____ . If you answered no, please explain why they were not registered _____

Do you have a kennel name? Yes ____ No ____ . If yes, please tell us what is the name _____

Do you plan to use this puppy in a breeding program? Yes _____ No _____

How extensive is your knowledge of the Akita Breed (temperament, grooming, and traits)?

Are you willing and able to provide the appropriate training classes with your Akita by a certified K-9 trainer, and at what age will you begin? _____

Do you own any other animals? Yes _____ No _____. If yes, please indicate each breed and how many: _____

How many people live in your household? _____ How many children under 18 _____ and what are their ages?

Please list 2 pet owner references (name and phone numbers):

1) _____

2) _____

May we contact these references? Yes _____ No _____ If not, why _____

Please list a Veterinarian Reference that have treated your animals and that we can contact:

Clinic/Veterinarians Name _____

Address: _____ City: _____ State: _____

Zipcode: _____ Phone Number: _____

Applicants Signature: _____ Date: _____

Co-applicants Signature: _____ Date: _____

Co-applicants Signature: _____ Date: _____

Your signature certifies that all of the statements/questions have been answered by you truthfully. Any falsification in this questionnaire will result in termination of any future contract and immediate return of the puppy with no refund of any money exchanged.

Please be sure to provide requested photos.

Please call to mail this questionnaire: Dò-ha Akitas
Kristi Skipper
(720) 278-5153

Or you may scan and email to:
Do-ha_Akitas@hotmail.com

