Application for a Turkhaven poodle

Date of Application:

Sex of puppy desired: Male Female

Coat color Desired: Black Brown Blue

Personal Information:

Last Name: First Name:

Spouse/Partners Last Name: Spouse/Partners First Name:

Address:

City:

State:

Zip Code:

Email Address:

We like to communicate via email and phone. Please be sure to check your email.

Phone Number: Cell Number:

Emergency Contact (other than spouse/partner):

Name: Phone number:

How many adults live in your home other than yourself? Please List names

How many children in your home? Please list names and ages:

If you don’t have children at this time, do you plan on having children in the future?

Yes No Maybe

Are ALL the members of your household in agreement of purchasing a Poodle? If not, please list who is not in favor of the poodle. Yes No

Are you aware that a poodle will require grooming approximately every 6 weeks>? Please list your grooming facility and phone number.

Placement Information

What is the reason you wish to purchase a poodle?

\_\_\_\_ Companionship/Family Pet

\_\_\_\_\_Want to breed dogs

\_\_\_\_\_ Want a working/ performance dog (circle all interested in)

Obedience Agility Therapy Other

\_\_\_\_\_Show prospect puppy (conformation)

What do you estimate routine vet/grooming costs on the poodle you purchase? \_\_\_\_\_\_\_

Do you agree to have your poodle’s current on annual checkups and all vaccinations?

Are you familiar with AKC’s limited registration? Yes No

Who is your current vet/previous vet and if you don’t have a vet yet, please list the one you plan to use.

Name of clinic: Vet name:

City: Phone:

Current and Past Pets

How many animals do you presently own? List all

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pet Name | Type of animal | Breed of animal | Male/Female | Age | Spayed/Neutered |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Are they current on vaccinations?

The animals you owned in the past (adult life). Please tell us what happened to them. If they have passed away, please tell us how.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pet Name | Type of animal | Breed of animal | Male/female | Age | Where is pet now? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

What hours during the day will your pet be home alone due to work?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

If all adults in the home work full time please tell us how you plan to care for your puppy while you are away the work day? (puppy daycare, dog walker, family member coming over, etc.)

Where will your poodle be housed when you are NOT home? Circle all that apply

Crate Free Roam Outside Kennel Chained Barn

Where will your poodle be when you are home?

Crate Free Roam Outside Kennel Chained Barn

Where will your poodle sleep at night?

Do you own or rent your home?

Are there any size limitations or other restrictions in your condo, subdivision, or apartment?

Do you have a fenced yard? Yes No If yes, what type of fence and how high?

If no fence or containment system, how will you exercise your poodle? Circle all that apply

Daily Walks Let out to run freely (supervised) kennel fenced area tie out run unsupervised

Training and Behaviors

How will you handle destructive behaviors such as; chewing, accidents in the house, barking, etc?

If you move in the future will you insure your poodle can move with you? Explain any situation in which you would NOT be able to take you poodle with you.

If you can no longer continue to keep the poodle you purchase from us you understand that you MUST RETURN THE POODLE TO US. This dog CANNOT be put in rescue, sold to another family or given away if you cannot care for this poodle.

\_\_\_\_\_\_Yes I do \_\_\_\_\_\_\_No I don’t (please initial)

Is there any other information you wish us to consider when reviewing your application?

Please list 3 references we may contact – we would like one to be your vet: Name, City/State and Phone #)

1.

2.

3.

All adult applicants print and sign you understand the application agreement and the above information is true and correct to the best of your knowledge.

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_