**Laurelhills Australian Shepherds**

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**Puppy Buyer Questionnaire**

|  |  |
| --- | --- |
| Name:  |  |
| Address, City and State |  |
| Home Phone:  |  |
| Work Phone:  |  |
| Cell Phone: |  |
| Occupation: |  |
| E-mail:  |  |
| Referred by: |  |
| Please give names, phone numbers, and email addresses of your references: |  |
| **YOUR HOME:** |  |
| What is your type of dwelling? |  |
| Do you own or rent? |  |
| If renting, please give the name, address, and phone number of your landlord? |  |
| If renting, does your landlord approve of pets of this size? |  |
| How long have you lived at this address? |  |
| Do you have a yard? |  |
| How large is your yard or many acres of land do you have? |  |
| Do have fencing? |  |
| What type of fencing and how much? |  |
| If you do not have fencing, do you plan to put up fencing? |  |
| **YOUR FAMILY:** |  |
| How many adults and children live in the household? |  |
| Do you have Children under 8? |  |
| Does anyone in the household have allergies? |  |
| If so, to what and how severe? |  |
| What type of personality does the household have in general? (ie., quiet, noisy, structured, chaotic, etc) |  |
| What type of personalities do the individual adults have? (ie., soft spoken, loud, submissive, dominant, etc). |  |
| What type of personalities do the individual children have? (ie., soft spoken, loud, submissive, dominant, etc). |  |
| **PET CARE:** |  |
| Who will be the primary caregiver of the dog? |  |
| Is anyone home during the day? |  |
| Will there be someone available to feed and exercise the dog during the day? |  |
| How many hours on the average will the dog be left alone? |  |
| Where will the dog be kept during the day? |  |
| Where will the dog be kept during the night? |  |
| How do you plan to exercise the dog? |  |
| **CURRENT AND PREVIOUS ANIMALS:** |  |
| Have you ever owned a dog before? |  |
| Do you currently own any animals? |  |
| What types of animals do you own? |  |
| If you own other dogs, what is their ages, sexes, and breeds? |  |
| Are they spayed or neutered? |  |
| What is the name, address, and phone number of your veterinarian? |  |
| If you currently do not have any animals, how long did your last pet live? What were the circumstances of its’ death? |  |
| Have you ever returned a pet to the breeder? If so, what were the circumstances? |  |
| Have you ever given a pet away? If so, what were the circumstances? |  |
| Have you ever takes a pet to a pound or shelter? If so, what were the circumstances? |  |
| **AUSTRALIAN SHEPHERDS:** |  |
| Have you owned an Australian Shepherd before? |  |
| How did you hear about this breed? |  |
| Why did you choose this breed as right for you? |  |
| What reference materials have you read? |  |
| How many individuals of this breed are you acquainted with? |  |
| What do you expect the activity level of this breed in general to be: very high, high, moderate, below average? |  |
| What type of temperament are you looking for in relation to strangers? |  |
| What type of temperament are you looking for in relation to family members? |  |
| What type of temperament are you looking for in relation to other animals? |  |
| What type of temperament are you looking for in relation to strange situations? |  |
| What type of energy level are you looking for? |  |
| **ACTIVITIES:** |  |
| Do you plan to attend any training classes? |  |
| Is this dog going to be a companion only?  |  |
| Are you looking for a dog for exhibition in Conformation and/or breeding? If yes, have you ever shown a dog to its championship? |  |
| Are you interested in competition in performance events such as obedience, agility, herding, tracking, etc? |  |
| If so, what areas are you interested in? |  |
| Have you shown a dog to any performance titles? |  |
| If yes, what titles have you received? |  |
| Do you understand the difference between a limited registration and a full registration? |  |
| **PREFERENCES:** |  |
| At what age do you wish to get a dog? |  |
| Are you looking for a male, female, or either? |  |
| What color would be your first preference? |  |
| Would you accept another color? |  |
| If so, what would be your second color preference? |  |
| Please provide any additional comments you would like to make: |  |