
**Puppy Screening Questionnaire**

**Submission Date:** Click here to enter a date.

|  |  |
| --- | --- |
| Applicant Name(s):  | First Name. Last NameFirst Name. Last Name |
| Address:  | Street Address |
| City, State, Zip:  | City State.zip code  |
| Phone (Cell): | Cell Phone |
| Phone (Home): | Home Phone |
| Email Address: | Email Address  |

**How did you hear about us?** Click to Select from Menu

**If referred, please provide name: Name of person who referred you.**

**Puppy Interest/Criteria**

|  |  |
| --- | --- |
| **What Sex of Puppy are you Interested in?** | **Select from Menu.** |
| **Are you interested in a particular color?** | Select from Menu. |
| Who will be the primary caretaker of this puppy? | Name |
| Have you ever owned a dog before? |  Select Box Y/N  |
| Have you ever raised a puppy before? |  Select Box Y/N |
| Are you interested in breeding this dog? |  Select Box Y/N |
| Have you ever owned a German Shepherd? |  Select Box Y/N |
| Are you familiar with different types/lines of the breed? |  Select Box Y/N |
| Are you aware of the activity level and exercise needs of this breed? |  Select Box Y/N |
| Are you aware that this breed sheds profusely? |  Select Box Y/N |
| Did you know that GDS’s live on average for 10-16 years? |  Select Box Y/N |
| Are you prepared to commit to a minimum of basic obedience training under the supervision of a professional? |  Select Box Y/N |

***Please note: We do not sell our puppies based on color selection. We will keep your color preferences in mind when placing/making selections, but our primary goal is to place each puppy based on temperament, purpose and future goals for each puppy.***

**Please feel free to add any additional pertaining to what you are looking for in your new puppy:**

Click here to enter text.

**Puppy Interest/Criteria (continued)**

* What is your primary interest in obtaining a German Shepherd? Click to enter text.
* What attract you to this breed? Click to enter text.
* Where will this puppy primarily live (Indoors/Outdoors) please explain? Click to enter text.
* Where will you leave the puppy when it is alone? Click to enter text.
* Is someone available to walk/potty the pup when you’re away? Click to enter text.
* Do you have items needed to raise a puppy (kennel/Crate, toys, etc)? Click to enter text.
* How do you intend to socialize this puppy? Click to enter text.
* Are you prepared for teething/chewing? Click to enter text.
* What kind of food do you feed? And, why? Click to enter text.

Are you willing to stay in contact with us, openly discuss any training or health problems you have, & agree to give us right of first refusal if you are unable/unwilling to keep the dog?  **Select Y/N**

Are you willing to keep us informed of your puppy's progress with regular updates, photos and training progress?  **Select Box Y/N**

Are you prepared to provide any necessary veterinary treatment, feed a high quality food, license your German Shepherd as per your areas requirements and never allow him/her to be a neighborhood nuisance?  **Select Box Y/N**

**TRAINING INTERESTS & EXPERIENCE**

***Please complete the check list below so we are aware of your primary interests and experience***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Purpose** | **Future Interest** | **Have Past or Current Experience** | **Years Experience (if any)** | **Explanation of Experience,** **Trainers you have used,** **and/or Titles you have earned (if any)** |
| **Family Companion** |  |  |  |  |
| **IGP – IPO - Schutzhund** |  |  |  |  |
| **Protection Sports** (PSA, American Schutzhund) |  |  |  |  |
| **Conformation Showing** |  |  |  |  |
| **Detection – Nosework - Scentwork** |  |  |  |  |
| **Obedience - Companion** |  |  |  |  |
| **Obedience - Competitive** |  |  |  |  |
| **Search & Rescue (S.A.R.)** |  |  |  |  |
| **Tracking** |  |  |  |  |
| **Rally** |  |  |  |  |
| **Therapy Dog** |  |  |  |  |
| **Dock Diving** |  |  |  |  |
| **Agility** |  |  |  |  |
| **Herding** |  |  |  |  |
| **Hunting Dogs** |  |  |  |  |
| **Military Working Dog (MWD)** |  |  |  |  |
| **Police K9** |  |  |  |  |
| **Personal Protection Dog** |  |  |  |  |
| **Breeding Dogs** |  |  |  |  |
| **Member of a Breed or Competition Club** |  |  |  |  |
| **Other** |  |  |  |  |

**BACKGROUND & HOME INFORMATION**

**Are there any pets in your home now?**  Select Box Y/N

**Please List Your Pets below (or if you don’t currently own any, but have in past you can list those)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Species** | **Breed** | **Sex** | **Spayed or Neutered?** | **Age?** |
| Pet Name | Choose species | Breed | Choose Sex |  Select | Age |
| Pet Name | Choose species | Breed | Choose Sex |  Select Box Y/N | Age |
| Pet Name | Choose species | Breed | Choose Sex |  Select Box Y/N | Age |
| Pet Name | Choose species | Breed | Choose Sex |  Select Box Y/N | Age |
| Pet Name | Choose species | Breed | Choose Sex |  Select Box Y/N | Age |

**Have you ever had a pet bite someone? Select Box Y/N**

 If yes, please explain Click here to enter text.

**Have you ever given up a dog to a rescue, shelter or pound? Select Box Y/N**

 If yes, please explain Click here to enter text.

|  |  |  |
| --- | --- | --- |
| What is your occupation? | Occupation | How many hours are you away from home for work? Hours |
| Your significant others occupation? | Occupation | How many hours are they away from home for work? Hours |

|  |  |
| --- | --- |
| What is your living situation? (select from menu) | Select from menu |
| Do you Rent or Own? | Select from menu |
| How long have you lived there? | Length of Time |
| How many people live in this home? | How Many? |
| Do you have a fenced yard? |  Select Box Y/N |
| How many acres is your property? | How Many? |
| Do you have Children? |  Select Box Y/N |
| Are any children under the age of 7 years? |  Select Box Y/N  |
| Do you plan to have children (or more children) in the near future? |  Select Box Y/N  |

***Please feel free to add comments on your living situation:*** Click here to enter text.

**REFERENCES**

Please note the contacts listed below will be contacted for references.

|  |
| --- |
| **Veterinary Information** |
| Name of Practice: Click here to enter text. |
| Address: Click here to enter text.  |
| Phone: Click here to enter text. |

**REFERENCES (continued)**

|  |
| --- |
| **Reference #1** |
| Name: Click here to enter text. |
| Address: Click here to enter text.  |
| Phone: Click here to enter text.  |
| Email: Click here to enter text. |
| **Reference #2** |
| Name: Click here to enter text. |
| Address: Click here to enter text.  |
| Phone: Click here to enter text.  |
| Email: Click here to enter text. |
| **Reference #3** |
| Name: Click here to enter text. |
| Address: Click here to enter text.  |
| Phone: Click here to enter text.  |
| Email: Click here to enter text. |