

**Puppy Adoption Questionnaire** 

Name		Date		
Address				
Phone: Day	Evening		Cell	
E-mail:				
How many people in your far	nily?		Children's ages:	
Do you currently have any pe	ts? If so,	, what and how	w many?	
Have you ever owned a dog b	efore? If so	, what kind? _		
Were the adults in your famil	y raised with dogs or	pets in genera	al?	
Is anyone in your family allerg	;ic to dogs, cats or otl	her animals? _		
Will someone be home with t	he dog during the da	ay?		
If not, what kind of arrangen	nents can be made t	to give the do	g a mid-day run durin	g the early months?
Do you have a fenced yard? _		If not, do	you intend to get any?	·
Are you interested in showing	g your dog or particip	pating in any pe	erformance events?	
Do you plan to have your pet	spayed or neutered?	?	When?	
Do you have a veterinarian?				
Please give name, address &	phone (we frequent	ly use your cu	rrent vet as a referenc	ce).
Do you plan to crate train yo	ur puppy? /	Are you consid	dering any training cla	sses?
How did you hear about Belle	din Labradors?			
Thank you for your interest i	n our puppies.			