

ANIMAL CARE – PUPPY QUESTIONNAIRE

ANIMAL CARE REQUIRES ALL THE INFORMATION TO BE COMPLETED ON THIS FORM TO HELP US MATCH YOU WITH THE RIGHT DOG. THE INFORMATION GIVEN WILL BE STORED IN PAPER AND COMPUTER FORMAT FOR A PERIOD OF APPROXIMATELY SIX MONTHS. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL.

MR/MRS/MISS/MS FIRST NAME:í í í í í í í í í í í SURNAME:í í í í í í í í í í í .
 ADDRESS:í TOWNí í í
 POSTCODE:í í í í í í í YOUR AGE?..... EMAIL ADDRESS:í í í í í í í í í í í
 TEL: HOME:í í í í í í í í í í WORK:í í í í í í í í í MOBILE:í í í í í í í í í í í ..

HAVE YOU EXPERIENCE OF REARING PUPPIES?	YES	NO
WHO WILL BE RESPONSIBLE FOR THE PUP'S HOUSE TRAINING?		
HOW WILL YOU HOUSE TRAIN YOUR PUPPY?		
WHERE WILL YOUR PUPPY SLEEP?		
NOWWHEN GROWN UP.....		
HOW WILL YOU SETTLE YOUR PUP INTO BEING LEFT?		
HOW WILL YOU REACT IF YOUR PUPPY 'TRASHES' YOUR HOME?		
WILL YOU GO TO PUPPY TRAINING CLASSES	YES	NO
DO YOU UNDERSTAND WHY IT IS VERY VERY IMPORTANT TO SOCIALISE YOUR PUPPY BEFORE IT REACHES APPROX 5 MONTHS OLD?	YES	NO
ANY OTHER INFORMATION		

STAFF USE ONLY NORMAL DOG QUESTIONNAIRE MUST BE FILLED IN AS WELL

NAME OF PUPPY..... STAFF SIGNATURE.....

CHIP NO.																			
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PRECHECK DONE BY.....ON/.../....

PRECHECK OK YES / NO COMMENTS