

**APRIL GOLDENS**  
**Zanesville, Ohio 43701**  
740-588-0851 Home  
740-454-7761 Kennel  
email aprilgld@ stsbb.com  
website <http://www.aprilgoldens.com>

## **POTENTIAL PUPPY BUYER QUESTIONNAIRE**

Your assistance in completing this questionnaire will help us place the right puppy with you and to better meet your needs. It is also to help us be assured that our puppies will be going to good homes. These questions are not meant to be judgmental in any way so please feel free to be candid in your responses. Please take a few minutes to answer the following questions and either emailing this form back to us or via regular U.S mail. Thank you for your interest.

**NAME:** \_\_\_\_\_ **PHONE #:** ( ) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **WORK PHONE #:** ( ) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
\_\_\_\_\_

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Do you prefer a male or female? Why? \_\_\_\_\_

If the sex you prefer is not available, will you accept a puppy of the opposite sex?

Yes \_\_\_\_\_ No \_\_\_\_\_

For what purpose are you purchasing a golden retriever? (Please check all that apply) Family Companion \_\_\_\_\_ Show \_\_\_\_\_ Obedience \_\_\_\_\_  
Hunting/Field Work \_\_\_\_\_ Breeding Prospects \_\_\_\_\_ Pet Therapy \_\_\_\_\_  
Agility/Flyball competition \_\_\_\_\_

Do all of your family members want a new puppy? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have children? What ages: \_\_\_\_\_

Do you currently own a dog? \_\_\_\_\_ Age? \_\_\_\_\_ Breed: \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_ What Types: \_\_\_\_\_

Do you rent or own? \_\_\_\_\_ If you rent, have you checked with your landlord about getting a dog? \_\_\_\_\_ Can we call to verify with your landlord? Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Does your home have a fenced yard? \_\_\_\_\_  
Where will your puppy be kept during the day? \_\_\_\_\_  
Where will the puppy sleep at night? \_\_\_\_\_  
Do you plan to crate train this puppy? \_\_\_\_\_

Do any members of your family have allergies to dogs? \_\_\_\_\_

Have you thought about how you will housebreak our new puppy? \_\_\_\_\_

Will you be willing to go to obedience classes so your new puppy will become a treasured companion and canine good citizen? \_\_\_\_\_

Do you have a veterinarian? \_\_\_\_\_ If so, may we contact them for a reference? VET NAME: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

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When this puppy is purchased as a family companion and is not going to be bred, do you agree to have it spayed by 6 months of age or neutered no later than

one year of age and submit a veterinarian certificate to the breeder as proof of surgery for their records? \_\_\_\_\_-

If this is a show puppy, are there some references you would like to list, i.e. Breeders, trainers, vets etc.

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Please tell us a little bit about what you are looking for in a Golden Retriever and what type of activities you would likely pursue (such as couch potato, jogging companion, buddy for the kids, etc. \_\_\_\_\_

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What do you expect from your golden retriever? \_\_\_\_\_

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**Any other comments?** This is the place where you can tell me everything else you would like us to know about your care for this puppy. The more the better.

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Thank you for completing our questionnaire. Please return this to the address above or email it to us. If you should have any questions or concerns about an upcoming litter or the purchasing of one of our puppies, please don't hesitate to contact us.