

Starvale Goldens

2463 Rte 74
Cornwall, VT 05753 802-462-2992
peg@starvalegoldens.com

Name: _____ Phone: _____
Address _____
Date _____
e-mail _____

How did you hear about us? _____

Please list all members in your household and ages of children _____

Do you have a dog now? _____ What breed and age? _____ Have you owned
a dog before? _____ What happened to that
dog? _____

Does everyone in the family want a puppy? _____

If not, why? _____

Name & phone number of
vet _____

May we call them for a reference? _____

Do you have any other pets? Please list _____

Are you willing to attend obedience classes? _____
If not, why? _____

Do you own or rent? _____

What type of area do you live in? City Suburban Rural Other

How many hours daily will your Golden be home alone?_____

Do you have someone who can come in and let the puppy out during the day?____.

Where will your golden spend the day?_____

Where will your Golden sleep at night?_____

How will you exercise your Golden?_____

What are your plans for the puppy? Companion_____Competition:
Obedience_____Agility_____Conformation_____Other – Please
specify_____

All pets are sold on spay/neuter contracts with limited registration. Are you willing to
spay/neuter this puppy? If no, why not?_____

What is your lifestyle? Active Sedentary Frequent traveler Busy
Other_____

Do you agree to never let this dog ride in the back of a pick-up truck?_____

Do you have a fenced yard?_____

Would you be willing to fence an area for the puppy?_____

Do you want a male or female puppy? _____

Are you flexible on the sex of the pup if the sex you want is not available?_____

Why do you want a Golden? _____

Please list 2 references – name, address and phone number _____

Thank you for filling out this questionnaire. Please feel free to add any information. Filling out this application does not necessarily guarantee that we will have a puppy for you.