



## Dog Purchase Application Form

### Contact Information

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

### Family & Housing

How many adults are there in your family (their relationship to you)?  
\_\_\_\_\_

How many children (ages)?  
\_\_\_\_\_

What type of home do you live in single family, town home, apartment, farm, etc.?  
\_\_\_\_\_

Please describe your household:  Active  Noisy  Quiet  Average

If you rent, please give the rules governing pets and the landlord's name and number:  
\_\_\_\_\_

Does anyone in the family have a known allergy to dogs? \_\_\_\_\_

Is everyone in agreement with the decision to adopt a dog? \_\_\_\_\_

Do you have 45 minutes a day of physical activity a dog can be a part of? \_\_\_\_\_

**Other Pets**

What other pets do you have (specify type and number)?

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Are these pets up to date on vaccines? \_\_\_\_\_

Are these pets spayed/neutered? If not..why? \_\_\_\_\_

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Have you every surrendered a pet? If so, why?

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Have you ever had a pet euthanized? If so, why?

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**Veterinarian**

Do you have a regular veterinarian?  Yes  No

Veterinarian's name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

**About the Dog You Wish to Adopt**

What is your idea of an ideal dog and why?

Desired purpose:  Hunting  Family Pet  Service Dog  Combination

Activities you will include dog in: \_\_\_\_\_

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Desired sex:  Female  Male  Breeding Female  Breeding Male  No preference

If Breeding please share your experience with breeding programs and purpose for pups raised: \_\_\_\_\_

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Where will the dog spend the day? (*describe*)

Where will the dog spend the night?  
(*describe*)

Number of hours (average) dog will spend alone? \_\_\_\_\_

Who will have primary responsibility for this dog's daily care? \_\_\_\_\_

Who will have financial responsibility for this dog? \_\_\_\_\_

Do you agree to provide regular health care by a Licensed Veterinarian?  Yes  No

Will the dog be an indoor dog?  Yes  No

How did you hear about Hokie Kennels? \_\_\_\_\_

### **Personal References**

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)