

Norsehaven Golden Retrievers Prospective New Puppy Owner Questionnaire

Name:	
Address:	
Tel. no:	Cell #
E-mail address:	
Is there any mer	mber of your family who is allergic to animals:
Does EVERYONE	in your household want a puppy:
Number of mem	bers in your family and the ages of children (if any) that will be living with the
Do you live in a	house with a FENCED back yard:
*If there is an ing	round pool, is it totally fenced off from the area designated for the puppy: Yes or No
* If a rental, are y	ou legally allowed to have a pet in the house
Have you had ar	ny dogs in your past, please tell us a little about them:
Do you have AN	Y other pets currently: (if yes please describe them)

Will someone be home with the puppy during the day; if not what provisions are you making to make sure you puppy will be fed and exercised appropriately
How much time will the puppy have to be left alone and where will the puppy be:
Where will the puppy sleep at night
Briefly tell us about your family's lifestyle, hobbies and interests and how your new puppy would fit in:
Who will be the primary caregiver of the puppy?
Have you researched the breed and are you financially prepared and capable of providing veterinary care and training for your new puppy:
Golden Retriever puppies are very active and curious, are you prepared and willing to take your puppy for training:
Do you want a male or female?
Please describe what you are looking for in a golden retriever as a lifelong companion:
Signature Date: