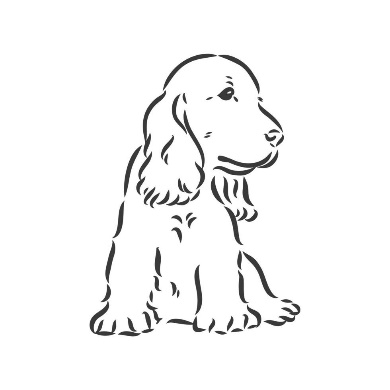
**SilverShadow Kennels**

**PUPPY APPLICATION FORM**

To purchase a puppy from Silvershadow Kennels, the following Application must be filled out and

returned to us by mail, or scan back via email (silvershadowkennels@rogers.com), before being

considered.

**CONTACT INFORMATION**

Applicant(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children & Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you live in: Condo\_\_\_\_ Apartment\_\_\_\_ Townhome\_\_\_\_ House\_\_\_\_ Other? (Specify)\_\_\_\_\_\_\_\_\_

**QUESTIONNAIRE INFORMATION**

Have you ever owned a dog? Yes \_\_ No\_\_

Do you have any other pets, if so, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your first choice of puppy? What is your second choice of puppy?

Male \_\_ Female \_\_ Male \_\_ Female \_\_

Color: \_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_

Do you have a fenced yard? Yes \_\_ No \_\_

If you do not have a fenced yard, how will your puppy be exercised?

If you have children, do you have a safe area for the puppy to sleep?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will you do with your dog when no one is at home?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will be primarily be responsible for this dog’s care? \_\_\_\_\_\_\_\_\_\_\_\_

How many hours per day will your dog be alone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where will your dog sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does everyone in your home want a puppy? Yes\_\_\_ No \_\_\_

Are you willing to enroll your pet in a puppy class? Yes \_\_\_ No\_\_\_\_

How soon are you looking to purchase a puppy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the name and address of your veterinarian; If you have one. We may contact them for a reference.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this dog be taken to the vet annually for check-ups? Yes \_\_ No \_\_

Do you have a groomer? Yes \_\_\_ No\_\_\_\_

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

**Thank you for submitting a puppy application with us. We take great care in evaluating perspective homes for our puppies. We abide by the rules outlined by the Canadian Kennel Club (CKC). (MSCC).**

**Applicant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**