

NASHEM KENNELS

Questionnaire

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|--|---------|-------------------------|------------|
| 1. Name: | | 2. Age: | 3. Date: |
| 4. Address: | | 5. City: | |
| 6. State: | 7. Zip: | 8. Phone: | 9. E-Mail: |
| 10. Referred by: | | | |
| 11. Why do you want a dog? Show <input type="checkbox"/> , Obedience <input type="checkbox"/> , Breeding <input type="checkbox"/> , Companion <input type="checkbox"/> , Other? | | | |
| 12. Interested in: Puppy <input type="checkbox"/> , Older Dog <input type="checkbox"/> , Male <input type="checkbox"/> , Female <input type="checkbox"/> , No Preference <input type="checkbox"/> | | | |
| 13. Are you interested in a particular litter? Yes <input type="checkbox"/> , No <input type="checkbox"/> | | | |
| 14. Why this breed? | | | |
| 15. Do other family members approve of this selection? Yes <input type="checkbox"/> No <input type="checkbox"/> . | | | |
| 16. Qualities liked? | | 17. Qualities disliked? | |
| 18. Are you familiar with the potential health problems associated with this breed? | | | |
| 19. Is this your first dog? Yes <input type="checkbox"/> No <input type="checkbox"/> . If no what other breeds have you owned? | | | |
| 20. Do you have any other pets now? Yes <input type="checkbox"/> , No <input type="checkbox"/> . If Yes, what type? | | | |
| 21. Environment: Urban <input type="checkbox"/> , Rural <input type="checkbox"/> , Yard Size: | | | |
| 22. Home: Own <input type="checkbox"/> Rent* <input type="checkbox"/> . *Renters must provide proof that landlord will allow dogs. | | | |
| 23. Work? No <input type="checkbox"/> , Full time <input type="checkbox"/> , Part Time <input type="checkbox"/> . Anyone home during the day? Yes <input type="checkbox"/> , No <input type="checkbox"/> | | | |
| 24. Estimate hours that the dog will be left alone each day: | | | |
| 25. Children? Yes <input type="checkbox"/> , No <input type="checkbox"/> . Ages? | | | |
| 26. Are you buying the dog for yourself or another person? Yes <input type="checkbox"/> , No <input type="checkbox"/> | | | |
| 27. Method of restraining dog to your property: Kennel run <input type="checkbox"/> , Chain <input type="checkbox"/> , Fence <input type="checkbox"/> , Fence Type: _____, Height: | | | |
| 28. Is dog allowed in house? Yes <input type="checkbox"/> , No <input type="checkbox"/> . Where will dog sleep at night? | | | |
| 29. Do you intend to take this dog through obedience classes? Yes <input type="checkbox"/> , No <input type="checkbox"/> . If so where? | | | |
| 30. What books, if any, have you read on care and training of dogs? | | | |
| 31. Are you willing to spay/neuter? Yes <input type="checkbox"/> , No <input type="checkbox"/> If not why? | | | |
| 32. Questions? | | | |

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