

Puppy/Adult Airedale Terrier Questionnaire – Part 1

The following questions are being asked of you so that the right puppy and the right placement of each puppy is made by bringing the various requirements of both the puppy and his or her new owner(s) into perspective, BEFORE a choice is made. I hope you will agree that the animal's welfare must be our foremost consideration in considering a placement. Please answer the following questions as completely as you can, and return this form when you've finished.

Name: _____

Address: _____

Home Phone: _____

Cellular Phone: _____

Referred by or website: _____

How long have you lived at your present address? _____

Type of dwelling?

Home Apartment Condominium Duplex Mobile Home

Do you own, rent or lease? _____

If you rent/lease, are you permitted to have a puppy/dog*? _____

If a condominium, do your by-laws permit a puppy/dog*? _____ Is there a weight limit? _____ lbs.

**Please provide/attach confirmation or landlord's formation/or by-laws: _____*

Do you have a fenced yard? _____

If no, how do you plan to keep your puppy/dog contained when outside? _____

Where will the puppy/dog be kept during the day? _____

Where will the puppy/dog be kept during the night? _____

Is anyone home during the day? _____

Where will your puppy/dog sleep? _____

What if any activities would you like to share with your puppy/dog?

Walking Visiting friends and/or family Doesn't mind being alone

Hiking Laying on the couch Cuddles

Riding in the car Likes to play with people/children/other pets

Other: _____

What do you expect the activity level of this Airedale Terrier to be?

Very High High Average Below Average

What made you consider the Airedale Terrier breed? _____

Puppy/Adult Airedale Terrier Questionnaire – Part 2

Name: _____

Do you currently have any pets?

If yes, please list: _____

If no, when did you last have a pet or is this your first puppy/dog? _____

Do you agree to the terms of the contract including the spay/neuter clause on pet quality puppies? _____

Does anyone in your household have allergies to animals? _____

Have you ever surrendered, returned, sold or given away a pet? _____

If yes, what were the circumstances? _____

What would you consider a reason to return your puppy/dog? _____

What would happen to your puppy/dog if you became incapacitated and were unable to continue to care for your puppy/dog? _____

Do you have any questions or comments? _____

References:

Note: Please notify the individuals below that you have provided your consent for these individuals to provide us with information regarding you and/or your family about family pets.

Current or most recent Veterinarian:

Animal Clinic phone number: _____

Veterinarian Name: _____

Reference #1:

Reference #1 phone number: _____

Reference #1 Name: _____

Reference #2:

Reference #2 phone number: _____

Reference #2 Name: _____

By submission of this form I am authorizing the veterinarian and references named above to release/provide information concerning prior or present care of my pets.

I have not, nor has anyone in my household ever been charged with any form of animal abuse, neglect or cruelty. I am 18 years of age or older and have read this questionnaire in its entirety and have answered each question honestly and to the best of my knowledge.

Name: _____ Signature and date: _____