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Silogram Weimaraners

[www.silogramweimaraners.com](http://www.silogramweimaraners.com)

silogramweimaraners@gmail.com

**Potential Puppy / Dog Owner Information**

NAME:

ADDRESS:

 STREET CITY ST ZIP

PHONE # Home: ***-******-*** Work: ***-   -     ext:***  Cell: ***-   -***

BEST TIME(S) TO REACH YOU: [ ]  ***anytime*** ***:******to*** ***:******[ ]  am*** ***:******to*** ***:******[ ]  pm***

best number(s) to reach you: [ ]  home [ ]  work [ ]  cell

E-MAIL: ***@***

FAMILY DATA: [ ]  MARRIED [ ]  SINGLE [ ]  DIVORCED [ ]  LIVING TOGETHER

Your age(s): Me:  Other Adult Name:  Age:  [ ]  N/A

Occupation(s): Me:

 Other Adult:

Children in household? [ ]  NO [ ]  YES Age(s):

Others in household who will have contact with dog? [ ]  NO [ ]  YES Age(s):

TYPE OF HOME:

[ ]  **RENT**: [ ]  **OWN:** [ ]  HOUSE [ ]  APARTMENT [ ]  CONDO [ ]  TOWNHOME

**IF RENTING, PLEASE PROVIDE THE NAME AND CONTACT INFORMATION OF YOUR LANDLORD.**

Landlord Info: Name:

Address:  Phone: ***-*** ***-***  Ext

City: State:  Zip:

DO YOU HAVE A FENCED YARD? [ ]  YES [ ]  NO

TYPE AND HEIGHT OF FENCE: TYPE:  HEIGHT:  FEET

DOES ANYONE IN YOUR HOUSEHOLD HAVE ANY PET-RELATED ALLERGIES? [ ]  NO [ ]  YES

IF YES, HOW WILL THEY ADJUST TO LIVING WITH A DOG?

What breed of dog(s) have you previously owned and for how long? If deceased, what was the cause of death?

Breed:  DOB:  Passed Away:  [ ]  N/A

Owned for  years Cause of death:

Breed:  DOB:  Passed Away:  [ ]  N/A

Owned for  years Cause of death:

Breed:  DOB:  Passed Away:  [ ]  N/A

Owned for  years Cause of death:

Breed:  DOB:  Passed Away:  [ ]  N/A

Owned for  years Cause of death:

DOGS PRESENT AT HOME NOW (BREED, AGE, SEX): [ ]  NA

Breed:  Age: ***years*** Sex: [ ]  MALE [ ]  FEMALE Neutered? [ ]  YES [ ]  NO

Breed:  Age: ***years*** Sex: [ ]  MALE [ ]  FEMALE Neutered? [ ]  YES [ ]  NO

Breed:  Age: ***years*** Sex: [ ]  MALE [ ]  FEMALE Neutered? [ ]  YES [ ]  NO

OTHER PETS CURRENTLY OWNED: [ ]  N/A

VETERINARIAN INFO:

Name:

Address:  Phone: ***-     -***

City: State:  Zip:

DO YOU GIVE YOUR CONSENT FOR US TO CONTACT YOUR VETERINARIAN AS A REFERENCE? [ ]  YES [ ]  NO

IF YES, PLEASE SIGN HERE:

WHY ARE YOU INTERESTED IN OBTAINING ONE OF OUR WEIMARANERS?

ARE YOU FAMILIAR WITH THE CHARACTERISTICS & TEMPERAMENT OF THE WEIMARANER? [ ]  NO

[ ]  YES EXPLAIN:

WHAT QUALITIES DO YOU **LIKE** IN THE WEIMARANER?

WHAT CHARACTERISTICS **DON'T** YOU LIKE IN A WEIMARANER?

HAVE YOU EVER OWNED A WEIMARANER BEFORE? [ ]  NO

[ ]  YES HOW MANY AND FOR HOW LONG?

ARE YOU COMMITTED TO CARING FOR THIS DOG FOR ITS LIFETIME? [ ]  YES [ ]  NO

Where will the dog stay during the day?

Where will the dog stay during the night?

**PUPPY / DOG INTERESTED IN:**

 **PUPPY:** **[ ]** Male [ ]  Female [ ]  No Preference [ ]  N/A

 **OLDER DOG:** **[ ]** Male [ ]  Female [ ]  No Preference [ ]  N/A

Acceptable Age Range:

HAVE YOU EVER RAISED A PUPPY BEFORE? [ ]  YES [ ]  NO

WHO WILL HAVE PRIMARY RESPONSIBILITY FOR CARING FOR THIS DOG?

IF IT IS ONE OF THE CHILDREN, DOES THE CHILD FULLY UNDERSTAND THE TIME & EFFORT REQUIRED TO PROPERLY CARE FOR A WEIMARANER? [ ]  NA

[ ]  YES Explain:

[ ]  NO Explain:

DO **YOU** FULLY UNDERSTAND THE TIME/EFFORT REQUIRED TO CARE FOR A WEIMARANER?

[ ]  YES Explain:

[ ]  NO Explain:

HAVE YOU EVER OBEDIENCE TRAINED A DOG? [ ]  NO

[ ]  YES Explain:

WOULD YOU BE WILLING TO TRAIN A DOG YOU GOT FROM US, IF IT IS RECOMMENDED, OR REQUIRED, AS BEING IN THE BEST INTEREST OF THE DOG AND YOU? [ ]  YES

[ ]  NO Explain:

WOULD YOU BE WILLING TO "CRATE" TRAIN A PUPPY / DOG IF IT IS RECOMMENDED, OR REQUIRED, AS BEING IN THE BEST INTEREST OF THE DOG AND YOU? [ ]  YES

[ ]  NO Explain:

ARE YOU WILLING TO SIGN A CONTRACT REGARDING THE CARE AND RIGHTS OF YOUR WEIMARANER? [ ]  YES

[ ]  NO Explain:

WOULD YOU BE INTERESTED IN LEARNING MORE ABOUT COMPETING IN ANY OF THE FOLLOWING ACTIVITIES WITH YOUR WEIMARANER?

 Show? [ ]  YES [ ]  NO [ ]  MAYBE

 obedience? [ ]  YES [ ]  NO [ ]  MAYBE

 field trials? [ ]  YES [ ]  NO [ ]  MAYBE

 huntING tests? [ ]  YES [ ]  NO [ ]  MAYBE

 RATINGS? [ ]  YES [ ]  NO [ ]  MAYBE

 RETRIEVING? [ ]  YES [ ]  NO [ ]  MAYBE

 tracking? [ ]  YES [ ]  NO [ ]  MAYBE

 Agility? [ ]  YES [ ]  NO [ ]  MAYBE

 Rally? [ ]  YES [ ]  NO [ ]  MAYBE

Or is it going to be just a pet? [ ]  Just a pet

ARE YOU WILLING TO ALLOW US (OR SOMEONE DESIGNATED BY US) TO VISIT YOUR HOME BY APPOINTMENT & KEEP IN TOUCH WITH US BY PERIODIC LETTER, EMAIL OR PHONE CALL, TO KNOW HOW THE DOG AND YOU ARE DOING? [ ]  YES [ ]  NO

WOULD YOU LIKE INFORMATION ON, OR AN APPLICATION FOR THE SOUTHLAND WEIMARANER CLUB (or your local Weimaraner Club if outside the Los Angeles area) AND/OR THE WEIMARANER CLUB OF AMERICA (National)?

[ ]  YES [ ]  NO

Please use an additional sheet of paper to add any other information you wish us to consider in placing one of our Weimaraners with you. We would appreciate it if you would give us a little insight into the expectations you may have for this new addition to your family. Thank you for taking the time to fill out this questionnaire, which will help us in selecting the right Weimaraner for you and your family.

SIGNATURE(S):  DATE:

SIGNATURE(S):  DATE:

\*Please notify us immediately if you purchase a Weimaraner from someone else before we have a puppy/dog available for you, so that we may contact another prospective client from our waiting list.

Return to: silogramweimaraners@gmail.com

Thank You

Bob & Vickie