

FaithDriven Farm Dogue de Bordeaux Puppy Questionnaire

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330-221-1782 - or - 330-221-1769

Today's Date: _____.

First & Last Name: _____.

Street Address: _____.

City: _____. State: _____. Zip: _____.

Home Phone: _____. Cell Phone: _____. Fax: _____. Work Phone: _____.

Email: _____.

Your Occupation: _____. Name of Employer: _____.

How long have you been with this employer: _____.

Spouse/Partner Name: _____.

Spouse/Partner Occupation: _____. Spouse/Partner Email: _____.

Spouse/Partner cell number : _____. Work number: _____.

Others in Your Household: Name and Age:

1. _____.	2. _____.
3. _____.	4. _____.
5. _____.	6. _____.

What Dogs or Cats or other animals do you currently own?

Species	Sex	Age	Spay/Neuter

Have you ever owned a dog before? _____. If yes, what Breeds? _____

Have you trained a dog? _____. If yes, describe: _____

Have you ever owned a Dogue de Bordeaux before? _____. From whom did you get them? _____

If you haven't owned a dog before, why do you want one now? _____

Specifically, why do you want a Dogue de Bordeaux? _____

How you have educated yourself about the Dogue de Bordeaux Breed. _____

Do you prefer: Male _____. Female _____. No preference _____. _____

Do you prefer a no mask Dogue de Bordeaux puppy _____. -OR-a Black Mask Dogue de Bordeaux puppy?: _____

Do you and your Spouse/Partner BOTH agree to get this puppy? _____.

Do you own or rent your home? _____. How long have you lived at your current address? _____.

If applicable, does your landlord or homeowners association give permission to keep a dog? _____.

Do you have a yard? _____. Approximate size of yard? _____. Is your yard fenced? _____. How tall is the fence? _____.

If you do not have a fence:

How will you exercise the dog? _____

How will you confine the dog? _____

How will you provide for his need for elimination? _____

Where will you keep the dog during the day? _____

Where will you keep the dog at night? _____

How will you take care of the dog during overnight family absences? _____

How many hours a day do you estimate the dog will be alone? _____

Where will the dog spend his time when alone? _____

Do you object to the discriminate use of a crate? _____.

Is anyone in your home allergic to dogs? _____.

Have you ever surrendered a pet of yours to an animal shelter? _____.

Have you ever sold or given away one of your pets? _____. If yes, why? _____

Has anyone in your immediate family or household been convicted of a charge related to cruelty to animals or child abuse? _____.

Are you interested in the following?

Watchdog _____. Guard dog _____. Companion/Pet _____.

Obedience _____. Rally _____. Conformation Showing _____.

Therapy _____. Agility _____. Other _____.

Do you have experience in showing a dog? _____.

Would you be interested in training and showing your dog? _____.

Would you be willing to let another person train and show your dog? _____.

Are you willing to abide by a contract that includes things such as registration, health, breeding and general care requirements should you buy a puppy as a conformation show dog? _____.

Are you willing to take the puppy to socialization or obedience classes? _____.

How much time, per day, will you spend with your dog? _____

Who is or will be your regular veterinarian? _____

Please List you veterinarian's phone number: _____

If you are interested in a pet, would you accept a Limited Registration on your dog (Limited Registration is an AKC Registration that does not allow offspring of the dog to be registered)? _____.

If you are interested in a show dog, would you accept a Co-Ownership on your dog? _____.

(If you have used a veterinarian in the past you no longer use, please use them as a reference)

References: Name _____ Relationship _____ Phone Number _____

Should you ever have the need to re-home your puppy/dog from us, do you agree to return the puppy/dog to us? _____.

How did you learn about FD Farm and this litter? _____