

FaithDriven Farm Bullmastiff 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 Bullmastiff 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 Bullmastiff? _____

How you have educated yourself about the Bullmastiff Breed. _____

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

What is your first color preference: _____ Second color preference: _____.

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? _____.