

## TalkAbout Retrievers Puppy Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Info:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is the home rented or owned?       Rented       Owned

If rented, can you provide verification your landlord will allow a puppy?

\_\_\_\_\_

What kind of residence is it (Ex. Townhome, Apt, etc)? \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please State Method of Contact Preference:     Phone     Email

Occupation: \_\_\_\_\_

If you work outside the home, what are your plans for caring for the puppy during this time? \_\_\_\_\_

How many hours a day do you expect the puppy to be left home alone?

1    2    3    4    5    6    7    8    9    10+

List members of your household (name and ages of any children):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does everyone in the household want a puppy?    Yes    No

Are pets allowed where you are currently living?    Yes    No

Do you have a fenced yard?    Yes - Type: \_\_\_\_\_    No

If you do not have a fenced yard, how do you plan to contain the puppy?

Where will your dog(s) live:

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Are you willing to wait for a puppy?  Yes  No

Puppy Preference:  Dark Gold  Gold  Light Gold

Preferred Sex:  Male  Female  No Preference

What traits are you looking for in this puppy (i.e. high drive, birdy, low drive etc.)? \_\_\_\_\_

What are your plans for this puppy?

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~Check all applicable~

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Pet/Companion | <input type="checkbox"/> Field Trial  | <input type="checkbox"/> Therapy Dog  |
| <input type="checkbox"/> Hunting       | <input type="checkbox"/> Agility      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hunt Test     | <input type="checkbox"/> Conformation | _____                                 |
| <input type="checkbox"/> Obedience     | <input type="checkbox"/> Service Dog  | _____                                 |

Previous Dog Experience:

List pets currently owned including type, breed, registered name, titles (if any), intact/altered, and call name:

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List pets previously owned and what happened to them (include breed and age if possible):

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Can you provide a vet reference?  Yes  No

Please list reference: \_\_\_\_\_

Are you currently a member of a Retriever Club, Obedience Club, or other dog club? Yes No

If yes, which one(s): \_\_\_\_\_

Where did you hear about TalkAbout Retrievers (i.e. referral, website, etc.)?

Website Social Media Referral Other

If referral or other, please explain: \_\_\_\_\_

Have you contacted other breeders and are you on any other waitlists? If so, what kennel? \_\_\_\_\_

Are you planning to take obedience classes with your puppy? Yes No

What are your thoughts on crate training? \_\_\_\_\_

Are you planning to breed this dog? Yes No

If yes, do you understand you are NOT guaranteed breeding rights? Breeding rights are granted at Breeder's discretion. \*Feel free to inquire how to gain breeding rights.

Yes, I understand **Disclaimer: This box must be checked to proceed**

What training methods will you employ with the puppy? (Ex. Clicker training/e-collar) \_\_\_\_\_

Why do you want a Golden Retriever?

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to wait to fix the puppy until a MINIMUM age of 18 months?

Yes No

Is there anything else you would like me to know about you/your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand the deposit is NON-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_