

CHRIST i/CAL-VO English Style Goldens Questionnaire
(Please print this and send to Teri Kuklica at terikuklica@gmail.com)

Checks written for deposits should be made payable to Teri Kuklica and mailed to:
Teri Kuklica
2009 Bay Breeze Court
Virginia Beach, VA 23454

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email address(es): _____

Puppy Desired: __ Male __ Female

Sire: _____ Dam: _____

We would appreciate you filling out our questionnaire, so we can get to know you better. These questions are not meant to be judgmental in any way, but to simply give CHRIST i/CAL-VO Goldens some insight into your lifestyle and expectations. Please feel free to add additional comments.

1. Number of members in your family?
2. Do you have children? If so, how many and what ages?
3. Is anyone home during the day?
4. If not, what provisions will you make for your puppy?
5. Does anyone in your family suffer from allergies?
6. Does anyone smoke in your home?
7. Do you have a swimming pool or a place nearby to swim?
8. Have you put a deposit on a puppy with anyone else at this time?
9. Do you own your or rent your home?
10. If you rent, are you allowed to have dogs?
11. Have you owned a dog before? If so, what breed? How long did they live?
12. Do you currently have any pets? (please list)
13. Will your current pets adapt to another animal in the family?
14. How did you decide on a Golden Retriever:
15. Why do you want a puppy?

16. If you cannot keep your puppy or dog, he/she must be returned to CHRIST i Goldens. Do you agree that if you cannot keep your puppy for any reason, you will return he/she to CHRIST i/CAL-VO Golden Retrievers so we may assess their disposition and find the proper new home?
17. Where will your dog live, sleep, eat, and play?
18. Do you have a fenced yard, or exercise area for your companion?
19. If not, are you willing to construct one before your puppy comes home?
20. Do you understand that we will not allow a puppy obtained by CHRIST i/CAL-VO Golden Retrievers to ever be tied or chained in any manner?
21. Do you understand why we insist on this?
22. Do you understand that Golden Retrievers thrive on human attention and cannot be isolated from the rest of the family?
23. We insist that our dogs are kept in the home with their families. Do you agree to this?
24. What Veterinarian do you use? (Please list name, address, & phone number)
25. Please list 2 references of people that know you, family/friends, and their phone numbers.
26. Do you plan on using a crate to help house-train your pup?
27. Who will be responsible for your companion's care?
28. We require that you participate in an obedience class with your companion before he/she is 6 months of age? Do you agree to this?
29. Briefly tell us about your family's lifestyle, hobbies, interests.
30. We try to match the best puppy for your family, are you OK with this?
31. Are you prepared to feed a good quality food: (CHRIST i Goldens will recommend a good food for you to feed your pup?)
32. Do you understand that your companion must be neutered or spayed? (for male not before 2 years and females after first heat or after one year)
33. All of our Goldens are sold on a limited registration. You can still compete in Rally, Obedience, Field Events, CGC, Therapy Dog, etc. You just cannot show your dog in conformation. OK?
34. We require a \$500 deposit to get on our waiting list once you decide you'd like to join our puppy family. The deposit will be deducted from the purchase price. Puppies are \$3000. Checks should be made payable to Teri Kuklica.
35. We require all of our dogs to be on NuVet tabs one a day. Call 800-474-7044 to order and use code 58819.
36. We encourage you to come and visit our home and if close enough, we would like to be able to visit yours as well.

If you agree to these terms, sign below and mail this form to us at the address above or email to terikuklica@gmail.com. Thank you.

Signed: _____ Date: _____ Signed: _____ Date: _____

Print Name: _____ Print Name: _____

Address: (Street) _____ City: _____ State: _____

Phone(s): _____ Email Address(es): _____