

# Puppy Questionnaire

The purpose of this questionnaire is to help us get to know you better and help you in your quest to obtain the right family dog. Fill out the information in each section as requested. Then when you are finished, please save and email the form back to us.

## Section A - Personal Information

Name: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Province/State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

1. Marital Status: \_\_\_\_\_
2. Occupation: \_\_\_\_\_
3. Age:  under 18  18-30  31-50  51-65  over 65
4. Children living in the home?  Yes  No
5. If yes, please indicate age(s) \_\_\_\_\_
6. Are they comfortable around dogs?  Yes  No
7. If no, have they had any bad experiences with dogs?  Yes  No  
If yes, explain: \_\_\_\_\_
8. Does anyone in your household have **dog** allergies? \_\_\_\_\_
9. Does everyone in your household want to get a Toller? \_\_\_\_\_
10. Would you provide us with references, if we should ask for them? (veterinarian, dog trainer, family)  
 Yes  No
11. Where do you live? (Check all applicable boxes)  
Type of Dwelling:  house  apartment  duplex  condo  other  
Location:  rural  small town  city  
Rent/Own:  rent  own
12. If you are renting, are you planning to purchase your own place in the near future?  Yes  No  
Have you the permission of your landlord to have a dog?  Yes  No  Haven't asked

## Section B - Dog Experience

1. Do you currently own a dog(s)?  Yes  No
2. If yes, how many and what breed(s) \_\_\_\_\_
3. Are there currently other types of pets in the home?  No  Yes  
What type(s)? \_\_\_\_\_

4. If you answered No to question #1, do you have previous dog ownership experience?  
 Yes     No     Only as a child
5. What type of pets and/or breeds of dogs have you owned in the PAST? \_\_\_\_\_  
 \_\_\_\_\_
6. Have you ever need to give away or re-home a pet?  Yes     No  
 If yes, what were the circumstances? \_\_\_\_\_  
 \_\_\_\_\_
7. Have you ever had a dog with unresolved behavioral problems?  Yes     No  
 If yes, what was the problem and what became of the dog? \_\_\_\_\_  
 \_\_\_\_\_
8. Is proper veterinary care and providing a good quality diet for your dog a high priority?  
 Yes     No
9. Where do you think you would be most likely to buy your pet food? (Choose only those which apply)  
 Grocery Store     Pet Store     Veterinarian     Make my own  
 Natural (B.A.R.F.) Pet Food Supplier
10. Have you ever heard about the B.A.R.F. or RAW diet?  Yes     No
11. Are you aware of the health benefits of feeding a more natural, raw diet to your dog?  
 Yes     No     More Information please
12. Do you currently feed a raw diet to your pets?  Yes     No
13. Is this a diet that you would be interested in feeding?  Yes     No
14. Are you willing to feed the best quality food recommended by the Breeder?  
 Yes     No
15. Are you aware of the changing vaccine protocols now recommended by veterinary associations?  
 Yes     No
16. Are you concerned about the health safety of over-vaccination in pets?  Yes     No
17. How often should our pets be vaccinated?  Annually     Whenever my vet recommends it  
 Every 3 years     Many vaccines provide lifelong protection so only need to be done in puppy-hood     I don't know
18. Are you willing to follow the limited vaccine protocol recommended by the Breeder?  
 Yes     No     More Information please
19. Do you plan to have your dog spayed/neutered?  Yes     No     I don't know
20. Do you have a preference of male or female?  Yes     No    If yes, which sex and why?  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Are you planning to add any other pets to your home in the near future?  Yes     No  
 If yes, when and what kinds? \_\_\_\_\_  
 \_\_\_\_\_

## Section C- Why A Toller?

1. What interests do you hope to pursue with this dog? (Check all applicable boxes)
- Pet only     Hunting companion     Breeding     Agility/Fly-ball
- Competitive Obedience training     Conformation     Other
- Specify: \_\_\_\_\_
2. Do you have experience with any of the dog activities noted in previous question?
- Yes     No
3. What made you choose this particular breed? \_\_\_\_\_
4. What do you like the best about Tollers? \_\_\_\_\_
5. Have you met a Toller in person?  Yes     No
- If yes, where and whose dog was it? \_\_\_\_\_
6. What kind of energy level are you looking for?  High     Medium     Low
7. Will this dog live at the above address?  Yes     No
8. Would you agree to us visiting your home before placing a puppy with you?  Yes     No
9. Where will this dog live and spend most of its time?
- In the house     Fenced backyard     Outdoor kennel or dog-run     Tied up outside
10. Where will this dog generally spend its time when you are working or away from home?
- With me     At home in the house     At home outside
11. Do you have the yard requirements for this type of dog? (securely fenced with room to run)
- Yes     No
- If yes, how large is your fenced area? \_\_\_\_\_
- If no, how do you plan to manage your dog's outside time? \_\_\_\_\_
12. How much exercise do you think a Toller requires per day? \_\_\_\_\_
13. Have you ever taken obedience classes?  Yes     No
14. Would you mind if the Breeder makes this a requirement in your contract?  Yes     No
15. How much time would the dog normally spend home alone each day?
- 0-3 hours daily     3-5 hours daily     5-8 hours daily     8 or more hours daily
16. How many days per week would the dog be home alone? \_\_\_\_\_
17. Who would be the main person responsible for this dog? \_\_\_\_\_
18. How did you hear about or learn about our kennel? \_\_\_\_\_
19. Are you currently on the waiting list of any other Toller breeders?  Yes     No

Thank you for taking the time to answer the questions in our questionnaire. By providing us with this information, we hope to better understand why you want to add a Nova Scotia Duck Tolling Retriever to your home and whether we have the type of dog that you are looking for. All information is treated with the utmost confidentiality and will not be passed to anyone without your permission.

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