## PROSPECTIVE OWNER QUESTIONNAIRE

Requests for "Pick of the Litter" pups are common. The questions below are designed to help us (and you) to select the dog that best matches your individual "pick". Please answer them as completely and as honestly as possible. Everyone wins when the Owner and Dog are in harmony and there is a good match. These are initial questions we ask of prospective owners.

CONTACT INFORMATION				
Name:	Referred By:			
Phone:	Email:			
Address:	City,Sta	te:	Zip:	
What is the best way to contact you? If by phone, what is the best time to contact	you?	Phone Morning	Email Afternoon	Text Evening
PREFERENCES				

Age preference:

Sex preference:

Puppy (10-12 wks) Adolescent (4-12 mos) Young Adult (12-24 mos) Adult (over 2 yrs)

Undecided

Male

What is the ideal type of drive and physical activity level?

Female

Very High High Medium Low

Please describe the ideal GSD for you. This includes how you expect the dog to complement your lifestyle when mature and trained.

What types of activities do you plan to do with your GSD? Check all that apply:

Family companion Conformation/Show potential

Breeding potential Therapy/Emotional Support/Service dog

Agility Shutzhund/IPO/Guardian/Police work

Herding/Farm work Nose work/Search & Rescue/Tracking

Obedience/Rally Sport Type:

Other:

If you are interested in an older dog, what level of training would you like to see?

Crate Trained Socialized Basic Manners Basic on-leash obedience

Adv obedience Protection Tracking Show Ring Schutzhund 1,2, or 3

What type of socialization, training, and/or titles will you provide the dog?

## **HOME ENVIRONMENT**

Home:

Rent Own

House Condo Apartment Other:

Yard: No Fence Fence (Height: ) Electric Fence Indoor/Outdoor Kennel

Do you have children? Yes No If yes, ages:

Do you have any other animals? Yes No

If yes, types and ages:

Who will be the primary care giver?

Is anyone home during the day, or available to feed and exercise a puppy? Yes No

Where will the dog be kept during the day?

Where will the dog sleep at night?

What kind of floor surfaces will the dog be on in the house?

What kind of floor surfaces will the dog be on when outside?

## **HISTORY**

Please describe your past experience with dogs, especially the German Shepherd Dog(GSD):

How long did your last pet live?	years	N/A			
What were the circumstances of its de	eath?				
Have you ever returned a pet to the If so, what were the circumsta		Yes	No		
Have you ever given a pet away? If so, what were the circumsta	nces?	Yes	No		
Have you ever taken a pet to a pound or shelter? If so, what were the circumstances?		Yes	No		
Is there any additional information you would like to provide?					
REFERENCES					
Name:		Phone:			
Vet:		Phone:			
Address:					
Number of years as a client	years				

Save and email to gsdtotal@gmail.com THANK YOU! French's German Shepherds