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Application Form to Purchase Puppy
(All information will be kept strictly confidential)

Name: _____

Address: _____

Zip/Postal Code: _____ **Home Phone:** _____

Bus. Phone: _____ **Cell #:** _____

E-Mail: _____

Your occupation: _____ **Work Hours:** _____

Spouse/Partner's Occupation: _____ **Work Hours:** _____

Indicate your age group: Under 18 __ 18-25 __ 26-40 __ 41-60 __ 61+ __

Spouse/Partner's age group: Under 18 __ 18-25 __ 26-40 __ 41-60 __ 61+ __

If you have children living in your household, please indicate their ages below:

Male: ___ ___ ___ ___ ___

Female: ___ ___ ___ ___ ___

If you live in a rental home does your landlord allow pets, including dogs?
Have you obtained permission from your landlord to keep a dog?

Indicate your living situation: ___ House ___ Townhouse

___ Hi-rise Condo/Apt. Which floor? ___

___ Lo-rise Condo/Apt.

___ Other Explain: _____

Have you ever owned a Vizsla before? ___ Yes ___ How many? ___ No

Why do specifically want a VIZSLA?

What gender of Vizsla would you prefer? ___ Male ___ Female ___ Doesn't matter

If you have selected a specific gender in Question #7, please indicate why.

If we don't have a puppy of your gender choice, will you consider the opposite sex?

Yes No

Do you plan on breeding your Vizsla in the future? Yes No

How many dogs do you currently own?

Number of purebreds?

Please list breed type(s) and genders: _____

Number of mixed breeds?

Are they spayed/neutered? Yes No Some are/some aren't

If you don't currently own a dog, have you ever owned dog(s) before? Yes No

Is anyone in your family allergic to dogs? Yes No

Do ALL of your family members want this Vizsla? Yes No

If you answered, yes to # 11, what happened to the last dog that you owned?

Died – Of what?: _____

Sold/gave it away. Why?: _____

Other – Explain: _____

Do you own a cat(s) or other pet(s)?

Yes – Species and number: _____

No

What are your views on spaying/neutering?

Which individual in your household will be responsible for the primary care of the dog (i.e. exercising, feeding, grooming, etc)? For example which adult or which child (how old)?

Have you ever raised a puppy before? Yes If yes, how long ago? _____

No

How do you plan to look after the puppy during the day (until it is at least 6 months old); to feed it; and to let it outside to relieve itself?

What are your views on crate training a dog?

Please indicate how much time you are willing to spend exercising, training and grooming your Vizsla:

- a) Exercise: _____ Number of hours per day or week
- b) Obedience: _____ Number of hours per day or week
- c) Grooming: _____ Number of hours per day or week

Would you promise to enroll your Vizsla in at least one set of Puppy Socialization classes and one set of Obedience classes beginning at 3-4 months? This, in no way, negates our philosophy that learning is a lifetime commitment.

Yes No Why Not? _____

Do you have a fenced-in yard? No Yes What type: _____

Do you have an outdoor doghouse? Yes No

Where do you intend to keep your dog(s) during the day while you are at work/school/out for the day?

- Loose in a fenced-in yard In a kennel run
- Tied up outdoors Confined to a crate or room
- Other. Where?: _____

Where will the dog sleep at night?

- Outside In the yard/doghouse In a kennel run
- Inside the house Basement Confined to a room indoors
- In/on bed with you or your child
- Other. Where?: _____

What outdoor activities do you, your spouse/partner, and/or family engage in that would include a dog?

Please identify which, if any, of the following activities you are interested in or plan to engage in with your Vizsla:

- Hunting Pet Therapy/visitation
- CKC/AKC Field tests/trials Agility
- CKC/AKC Obedience competition Flyball
- CKC/AKC Conformation Tracking or Search and Rescue

Please provide the names, addresses and telephone numbers of two (2) personal references below:

#1. Name:
Address:
Telephone #:
Email:

#1. Name:
Address:
Telephone #:
Email:

Please add other comments and information below: