Breely Kennels

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ADOPTION APPLICATION

Today's Date:					
I wish to adopt a:	□ Male	☐ Female	□ Either		
	□ Puppy	☐ Adult Dog	☐ Either		
First and Last Nan	ne:				
Address:					
City:		State	e:	_ Zip Code:	
E-mail Address: _					
Home Phone #:			_ Cell Phone #: _		
Occupation:					
Marital Status: □	Single [☐ Married	If married, how r	many years?	
Spouse/Partner's I	Name:				
Spouse/Partner's (Occupation	:			
Does your spouse	also desire	to have a Wei	maraner?		
If not, why?					
Do you have child	ren? □ Y	es □ No	If yes, how	v many?	
Name		Age	Name		_ Age
Name		Age	Name		_ Age
Do you own or ren	t your hous	se?			
How long have you	u lived in vo	our current hou	ıse?		

Who referred you to us?
Have you ever owned a dog before? \Box Yes \Box No (If no, skip to ' \downarrow ' on page 3)
What kind of dog(s)?
If you currently own a dog, please give a description of them (breed, age, sex, altered):
If you previously owned a dog, please give reason why you don't have it now:
Have you ever owned a dog(s) and decided you either did not want or could not keep the dog(s) anymore? □ Yes □ No
If yes, why?
Have you ever returned a dog(s) to a breeder? ☐ Yes ☐ No
If yes, why?
What do/did you feed your dog(s)?
Where does/did the dog(s) live? (check all that apply)
☐ Inside the House ☐ Kennel Run ☐ In a Fenced Yard ☐ Outside (Unfenced)
Other (explain):
How often do/did you take your dog(s) to the veterinarian?
Is/were vaccinations always up-to-date? ☐ Yes ☐ No
If not, why?
Do/did you have your dog(s) checked for intestinal parasites annually? ☐ Yes ☐ No
If not, why?
Is/was your dog(s) on heartworm preventive? ☐ Yes ☐ No
If not, why?
How often is/was your dog bathed and/or groomed?
Do/did you groom it yourself, or take it to a professional/veterinarian?
Have you ever taken your dog(s) to obedience class? \Box Yes \Box No

Is/was your dog trained? ☐ Yes ☐ No For what?
Explain why you want a dog:
Explain why you want a Weimaraner:
How soon do you want a Weimaraner?
Have you read any books on Weimaraners and/or dogs? ☐ Yes ☐ No
If yes, which ones?
Do you have a fenced yard? ☐ Yes ☐ No
If yes, what kind?
If no, do you plan to fence soon? □ Yes □ No
If not, why?
What do you plan to feed this puppy/dog?
Where will this puppy/dog live? (check all that apply)
☐ Inside the House ☐ Kennel Run ☐ In a Fenced Yard ☐ Outside (Unfenced)
Where will he/she live most of the time?
Where will the dog be when he/she is alone?
Do you plan to do the following for this puppy/dog throughout its lifetime:
Maintain Vaccinations? \square Yes \square No Check for intestinal parasites? \square Yes \square No
Give monthly heartworm and flea/tick prevention? ☐ Yes ☐ No
How often do you plan to groom and/or bathe this puppy/dog? (check one)
☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Bi-Monthly ☐ Other:
Who will groom/bathe the puppy/dog?
Do you know how to trim nails? ☐ Yes ☐ No ☐ If no. willing to learn? ☐ Yes ☐ No

How do you plan to exercise the puppy/dog?
How often do you plan to exercise the puppy/dog? (check one)
□ Daily □ Every 2-3 days □ Weekly □ Other:
Do you plan on training your dog? \square Yes \square No If yes, for what? (check all that apply)
□ Obedience □ Show □ Hunting □ Tracking □ Other:
If showing, have you finished an American Championship on a dog before? \square Yes \square No
If yes, what breed(s)?
Will you train the dog yourself? ☐ Yes ☐ No If no, who will?
Do you plan to breed the dog? $\ \square$ Yes $\ \square$ No
If yes, why?
Do you plan to spay/neuter the dog? ☐ Yes ☐ No
If not, why?
Are you aware of what the following can cost for your dog?
Would these expenses be difficult for you to pay? $\ \square$ Yes $\ \square$ No
Are you willing to pay for these expenses when and if needed? $\ \square$ Yes $\ \square$ No
What is the maximum that you would be able to spend on the dog in a month?
How long do you plan to keep this dog?
How much time do you plan to spend with your dog?
Can you spend adequate time to raise a puppy, train it, and play with it? $\ \square$ Yes $\ \square$ No
Please check the example of the schedule closest to yours: (continued on following page)
 □ I am or someone in my family is home most of the time every day. □ I/we work or go to school part-time, but someone is home a good portion of the day.

Thank you for filling this out. We will respond to you as soon as we can.

Please be patient.