

| | | | |
|--------------------------------------|------------------------------|-----------------------------|-----------|
| [] | | | |
| FORMAL AKC NAME OF YOUR LAST BOUVIER | MOTHER OF YOUR LAST BOUVIER? | FATHER OF YOUR LAST BOUVIER | BIRTHDATE |
| [] | | | |
| ILLNESS OF DOG | CAUSE OF DEATH | STILL ALIVE? / AGE AT DEATH | |
| [] | | | |
| NAME OF BREEDER/ KENNEL OF BREEDER | | | |

DO YOU USED CRATES TO RAISE PUPPIES? YES NO IF NOT PLEASE EXPLAIN []

DO OU HAVE AN OUTDOOR RUN OR KENNEL? DO YOU PLAN TO USE IT PERIODICALLY OR 100% OF THE TIME PLEASE EXPLAIN
 YES NO []

DO YOU HAVE EXLECTRIC FENCING [] WHERE WILL THE DOG SPEND ITS DAY? []

WHERE WILL YOU TRAIN YOUR DOG? NAME OF BUSINESS YOU INTEND TO USE []

WHAT SORT OF PERSONALITY DO YOU DESIRE IN YOUR DOG? []

WHAT SORT OF SPORTS WILL YOUR DOG PARTICIPATE WITH YOU IN?
 YES NO YES NO IF YOU HAVE SHOWN WHEN? []

DO YOU PLAN TO SHOW YOUR DOG? [] HAVE YOU EVER SHOWN A DOG? YES NO []

WHAT BREED DID YOU SHOW? [] DID YOU BREED THE DOG YOU SHOWED? YES NO [] DID YOU CO OWN? WITH WHO? NAME OF KENNEL? []

DO YOU PLAN TO BREED YOUR DOG? YES NO [] HAVE YOU BRED A LITTER EVER? IF SO WHAT BREED? HOW MANY TIMES? []

REFERENCES ARE VERY IMPORTANT TO BAJORONS. WE RELY ON THEM TO PURCHASE A PUPPY FROM US. PLEASE TELL YOUR REFERENCES YOU ARE USING THEM AND INFORM THEM WE ARE VERY INTERESTED IN THEM AS A PART OF YOUR APPLICATION PROCESS. AREAS WE WANT YOU TO COMPLETE ALL AREAS.

YOUR VET

REFERENCE ONE

YOUR VET [] []

HOW DO YOU KNOW THIS PERSON? [] HOW LONG HAVE YOU KNOWN THIS PERSON? []

| | | | |
|-------------------------|-------------|------------|----------|
| FIRST NAME | MIDDLE NAME | LAST NAME | |
| [] | [] | [] | [] |
| REFERENCE SREET ADDRESS | CITY | STATE | ZIP CODE |
| [] | [] | [] | [] |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| [] | [] | [] | |

REFERENCE TWO

HOW DO YOU KNOW THIS PERSON? [] HOW LONG HAVE YOU KNOWN THIS PERSON? []

| | | | |
|-------------------------|-------------|------------|----------|
| FIRST NAME | MIDDLE NAME | LAST NAME | |
| [] | [] | [] | [] |
| REFERENCE SREET ADDRESS | CITY | STATE | ZIP CODE |
| [] | [] | [] | [] |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| [] | [] | [] | |

REFERENCE THREE

HOW DO YOU KNOW THIS PERSON? [] HOW LONG HAVE YOU KNOWN THIS PERSON? []

| | | | |
|-------------------------|-------------|------------|----------|
| FIRST NAME | MIDDLE NAME | LAST NAME | |
| [] | [] | [] | [] |
| REFERENCE SREET ADDRESS | CITY | STATE | ZIP CODE |
| [] | [] | [] | [] |
| HOME PHONE | CELL PHONE | WORK PHONE | |
| [] | [] | [] | |

