Adoption Form

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Owners Information |  |  | Date: |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First and Last name: Primary Caregiver: | | First and Last name: Secondary Caregiver: | |  |  | | Residential Address: | | City: | |  |  | | State/ Province | Zip/ Postal Code | | Country: |  |  | | Cell Phone: | Home Phone: | | Email: |  |  |  |  |  |  | | --- | --- | --- | | Type of Home: | Size of yard: | Fenced or not: | | Closest Airport if shipping: | | |  |  |  |  |  | | --- | --- | --- | --- | | Occupations: | Hours away from home: | | Full or Part time: | | Who will look after your pet during this time: | | | | | Children living at home: | | Children’s ages: | Adult ages: | | Tell me about your lifestyle and type of Golden you are looking for: | | | |   W   |  |  |  | | --- | --- | --- | | Have you owned a dog before: | Have you owned a Golden before: | Another dog breeds: | | What happened to your previous dog(s): | | | | How did you hear about Regal Goldens: | | | |
| Other information: |

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| |  |  |  | | --- | --- | --- | | Pet Information |  |  | |
| |  |  | | --- | --- | | Preferred Gender of Puppy: | How will you train your puppy: | | What type of Temperament are you looking for – High, medium or low energy: | |  |  |  | | --- | --- | | Where will your dog stay when you are not at home: | | | Where will you dog sleep at night: | Will you crate train your dog: |  |  | | --- | | Other Information: | |

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| |  |  |  | | --- | --- | --- | | References |  |  | |

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| Vet Clinic: | Vet Name: | Phone: |
| Personal: | Relationship: | Phone: |
| Personal: | Relationship: | Phone |

*ALL puppies are sold with a Non-Breeding CKC registration and a non-breeding agreement.*