

Adoption Form

☐ Fostering ☐ Adult

Puppy

Please help us know you better to place the best-suited puppy in your home!							Today's Date		
Owner's information									
Surname (primary caregiver)	urname (primary caregiver)				Email			Cell F	Phone
Surname (secondary caregiver)	First Name			Email			Cell F	Phone	
Residential Address					Zip/ Postal Co	Postal Code			e Phone
City	State/ Province			Country		Close	st International Airport (if shipping)		
What type of home do you live House Apartment/ Con	rd fenced?	ed [No yard	Acreage)	Do you:	Rent		
Occupation (Primary caregiver)					Hours away from home Part Time Full Time				
Occupation (Secondary caregiver)				Hours away from home				1	Time Full Time
Who would look after your dog during this time?									
How many live in residence? Ages of children Ages of adults 25 - 35 yrs 36 - 45 yrs 4								46 - 55 yrs	s 56 - 65 yrs 66 yrs +
Tell us about your lifestyle and what types of activities you and your family enjoy.									
Pet information									
Preferred gender of puppy?									
Have you owed dog(s) before?									
Tell us about your other pets (Name, Breed, Age, Sex, Altered, vaccinated etc.)						How long has it been since you owned a puppy?			
						What attracted y			to a Golden?
How do you plan on training your golden?									
Where will your new dog stay when you are not at home?									
Where will your dog sleep at night? Loose in the house Crated Garage Kitchen Other									_
How would you deal with your puppy chewing, crying at night, and housebreaking?									
How did you hear about Regalgoldens? ☐ Website ☐ Friends ☐ Breeder referral ☐ Ad ☐ Other									
References									
Veterinary Clinic Nan				lame o	e of Vet				Clinic phone
Personal reference 1						Phone			
Personal reference 2						Phone			