WATERCROSS KENNELS

DOG OWNERSHIP APPLICATION Name: _____ Email: State & Zip: # of years at address: Type of dog interested in: # of family members in household: Are any family members allergic to dogs?: Yes No Yes ____ No ___ Do you have a backyard?: Yes ____ No ___ Do you have a fence?: References from your Veterinarian (Name): Phone # and email of Veterinarian: Will the dog live outside or inside? Is the dog for pet, performance or show? Reason interested in purchasing a dog? Have you owned a dog before? Yes ____ No ____ What type of dog? _____ List any other pets in household: