

Puppy Buyer Questionnaire:

Please complete this application and return to us at:

Tered[DBMgreatdanes@gmail.com](mailto:DBMgreatdanes@gmail.com)

Preferred sex: Male Female No Preference

Preferred Markings: Select Preference: Harlequin Mantle Merle Any Other

**Full Name of Applicant:**

Physical Address (Street, City, State,Zip)

Phone Numbers: Home: Cell:

Email Address:

Occupation:

Employer’s Name:

Employers Address:

Work Hours:

**Full Name of Co-Applicant:**

Physical Address *(if different from applicant)*

Phone Numbers: Home: Cell:

Email Address:

Occupation:

Employer’s Name:

Employers Address:

Work Hours:

Number of adults in the household:

Number of children in the household:

Age of youngest child:

Number of pets in the household:

Does anyone in the household have pet allergies?

If you own other pets, what types, age and describe temperament? Please list:

Are they spayed or neutered?

What is it about the Great Dane that makes you feel this is the right breed for your family?

Where will your new Great Dane live primarily?

Do you have a fully fenced yard?

If so, how high is your fence?

Describe the fencing material, age and condition

Do you have an in-ground pool? Is it completely fenced? Would the puppy have access to the pool? If so, what provisions are made to keep the puppy safe and away from the pool?

Do you own or rent your home?

Who will be the primary care giver?

Have you previously owned a Dane?

If so, what happened to it?

Have you owned any other breed?

If so, what breed and what happened to it?

Have you ever surrendered a pet? If so, why?

When are you looking to purchase a puppy?

I/We are interested in:

Companion Only

Agility

Conformation Showing

Obedience

Tracking

Breeding

Other

How many hours per day will this dog be left alone?

Where will the dog be when no one is home?

Where will the dog sleep at night? (ie. on the bed, loose, crated, confined to kitchen, basement, garage, yard, kennel or other)

Are you willing to follow the Health Guidelines and advice supplied by DBM Great Danes regarding shots, exercise, training and feeding? If No or Maybe, please explain:

Are you willing to stay in regular contact with Tered-DBM Great Danes for the life of the dog and provide updates?

Please provide two references (one is preferably your vet and phone #'s):

1.

2.

Veterinarian Name:

Veterinarian Address:

Veterinarian Phone #:

Is there anything else you would like to tell or ask us that may be pertinent to getting a Great Dane puppy? Are there any upcoming changes to any of the above in the near or foreseeable future?

The prospective owner(s) give Denise Matulich or Terri Burley-Hammond DVM (breeders), and/or their agents permission to contact any individual/company, listed or not, to discuss/obtain personal information for determining qualifications for owning a Great Dane. It is understood this release may include personal, professional information. In addition, the breeders or breeder’s agent reserve the right to conduct a home visit when possible prior to receiving a Great Dane from us.

By signing below, I/we certify that all information provided herein is true and correct.

Prospective Owner’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prospective Co-Owner’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_