



Lagottino Kennel

The purpose of this form is to help you and Lagottino Kennel decide if a Lagotto Romagnolo puppy is the right breed for you. Upon receipt of your application, we will be in touch with you via telephone. Please do not hesitate to contact us if you have any questions regarding the completion of this form.

Today's Date:

Applicant Contact Information

Name:

Name of Partner/Spouse:

Street Address:

Province or State:

City:

Country:

Area Code or Zip:

Cell Phone:

Home Phone:

Other:

Email:

Applicant Home Life

My household consists of the following:

Adults Children Dogs Cats Birds Other:

My children's ages are:

Adult Ages:

In what type of the following housing do you reside?

Apartment/Condo Townhouse Single Family Farm Other:

Do you own, rent, or other?

Is your yard fenced and suitable for dogs?

Have you owned dogs in the past? Please list the breeds.

Does anyone in the household smoke? No Yes, who?

Does anyone in the house hold have allergies? No Yes; what type?

Who in the household will have the major responsibility for the dog?

How many hours a day would the dog normally be left alone?

Please list your current employer(s) and hours out of the home for work:

Are you in a financial position to pay for vet bills (both expected and unexpected)?

Lagotto Romagnolo Puppy

Why are you interested in adding a Lagotto Romagnolo to your family? What research have you conducted on the breed?

What date do you want to have a puppy in your home?

I would like a: Male Female Either

Do you have a colour preference? (*Note: colours can change as the dog matures*)

No Yes:

Which of the following are you looking for?

- A PET QUALITY puppy and plan to spay or neuter
- A BREEDING QUALITY puppy
- A SHOW QUALITY puppy but will not be breeding
- A MATURE DOG

The temperament I expect from my dog is:

Please list any other specifics with regards to what you are looking for in a Lagotto Romagnolo Puppy.

Veterinarian

Your new puppy will require veterinary care over the course of their life. Please list the veterinarian you plan to go to.

Veterinarian Name:

Phone Number:

Have you been to this veterinarian before? No Yes:

Puppy Class

We require all of our puppies to attend at least one ***positive reinforcement*** puppy class and two levels of obedience training. Please list the trainer and/or school that you plan to use.

Trainer/School:

Location:

Phone Number:

References

Please list two personal references and please include complete name and phone number.

1) Name:

2) Name:

Phone Number:

Phone Number:

By signing below, I authorize the Veterinarian listed on this application to release information to Lagottino Kennel.

Applicant's Signature:

Date: