

MapleRun Puppy Application Form

Contact Information

Full name: _____

Occupation: _____

Address: _____

How long at this address: _____

Phone: _____

Best time to call: _____

Email address: _____

How did you hear about MapleRun Aussies?

Referral (whom can I thank) _____ Website ___ Google search___ Facebook ___
Instagram _____ Other _____

Family & Housing

How many adults are there in your family (their relationship to you)?

How many children (ages)?

What type of home do you live in single family, town home, apartment, farm, etc.?

Please describe your household: ___ Active ___ Noisy ___ Quiet ___ Average

If you rent, please give the rules governing pets and the landlord's name and number:

(by providing this information you are allowing Maple Run Aussies aka Michelle Ellison to contact your landlord please inform them of this call so they will speak with us)

Does anyone in the family have a known allergy to dogs? _____

Is everyone in agreement with the decision to purchase a dog? _____

Do you have time to provide adequate love and attention? _____

MapleRun Aussies

Other Pets

What other pets do you have (specify type and number)?

Are these pets up to date on vaccines? _____

Are these pets spayed/neutered? If not..why? _____

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

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?

Have you ever owned an Australian Shepherd before? If no, have you done research on the breed?

What makes you want to make an Australian Shepherd puppy a part of your family?

Veterinarian

Do you have a regular veterinarian? Yes No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing MapleRun Aussies with this information you are allowing us to call your vet. Please call your vet and ask them to authorize the release of information to Maplerun or Michelle Ellison

Maplerun Aussies

About the Dogs Future Lifestyle

Where will the dog spend the day? (*describe*)

Where will the dog spend the night? (*describe*)

Number of hours (average) dog will spend alone? _____

Who will have primary responsibility for this dog's daily care? _____

Who will have financial responsibility for this dog? _____

Do you agree to provide regular health care by a Licensed Veterinarian? Yes No

Do you agree to keep the dog as an indoor dog? Yes No

When the dog goes out, how do you plan to supervise it? Fenced yard?

Do you agree to contact Michelle Ellison if you can no longer keep this dog? Yes No

Personal Reference

Please list someone who is familiar with both you and your pets.

Name:

Address:

Phone:

Relationship (relative, neighbor, friend, etc.):

All of the information I have given is true and complete. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a licensed Veterinarian.

(Signature)

(Date)