

Anaquassacook Labradors

Puppy Questionnaire

Please return completed this form to us by mail
Rose Marie Thrane
1275 State Route 313, Cambridge NY 12816
or by e-mail info@anaquassacooklabradors.com

Name(s):

Street Address:

City:

State:

Zip:

Home Telephone:

Work Telephone:

Cell:

Email:

Why do you want to own a Labrador Retriever?

How many people in your family?

Age(s):

Will your dog be a part of your family? Yes No

Do you have any pets now? If so, what kind and age(s).

What hobbies would include your dog?

Do you own or rent? Own Rent

Do you have a fenced in yard? Yes No

Do you have a crate? Yes No

Who is your veterinarian?

2 References and their telephone numbers (non-family):