Puppy Adoption APPLICATION



Thank you for your interest in a puppy from KLB German Shepherds! Please answer the following questions truthfully. By submitting this application you authorize KLB GSD to verify any information provided. Completing this application does not mean you are obligated to purchase a puppy, and we are not obligated to place a puppy in your care.

Contact Information				
First name	Last name			
Street Address		Phone N	umber	
City	State		Zip Code	
Email				
Household Information				
1.Please list the permanent adult residents of your household.				
(relationship & age)				
2.Please list how many children live in your household and their ages.				
3.Please list all of the current pets in	your home). •		
species:				
breed:				
sex:				
age:				
altered?				
4.Is anyone in the home allergic to dogs?				
5.Does anyone in the home have other life threatening allergies?				

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Home Environment Information

6.Do you erent own other				
7.What type of residence do you live in? single family home condo trailer duplex apartment				
8.Do you have a yard?				
 I have a yard, fenced with a vertical fence. I have a yard, fenced with invisible fencing. I have a yard with no fence. I don't have a yard (apartment/condo/townhome). 				
9.If you don't have a yard, do you have access to a place where you can train and exercise a puppy?(If yes, please explain)				
yes no				
Experience				
10.Do you have experience with the German Shepherd Dog breed? Explain. (i.e. how many GSDs have you had, how many years have you owned a GSD, etc.)				
11.Are you willing to take the puppy to regular training/socialization classes?				

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Preferences

· ·	tain coat colors? (c=silver] ●black ●	black and tan red silver cream bi-color white blue		
14.Do you prefer co Long Coat	ertain coat types	? ■Stock [■short ■plush]		
15.Are you looking	to adopt a mal	e or female puppy? Either		
16.What drive are	you looking for?	low medium high		
	Vet Refe	erence		
By completing Shepherds to conta share your	the following secti act your Veterinari puppy's records f	on you authorize KLB German an/Clinic with questions and/or to rom their time in our care.		
Veterinarian's Name				
Clinic/Office				
Street Address				
City/State/Zip				
Phone Number				
Applicant	Signature	 Date Signed		
ELECTRONIC SIGNATURE By entering my name in this textbox I agree that the signature is the legal equivalent of my manual signature.				

Applicant Electronic Signature

Date Signed