

LAGOTTO ON THE HILL

PUPPY PRE-APPLICATION

This form is designed to ask questions in order to help you and Lagotto on the Hill decide if a Lagotto Romagnolo is the right breed for you. We will gladly work with you to select the right puppy for you. Upon receiving this application we will be in touch with you through email or phone within 7 days. Please feel free to provide additional information to this application that will help us determine what you are looking for in a Lagotto Romagnolo - an Additional Information area is provided at the bottom of the form.

Contact Information

Full Name _____
first name last name

Address _____

City _____ State/Prov _____

Postal Code/Zip Code _____ Country _____

Home Phone _____ Cell Phone _____

Fax Number _____

Email _____

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Questionnaire

Make your selections by check the box(es) and/or providing information in the blanks. Please answer all of the questions, providing as much information as possible.

Would you like a male or female Lagotto? _____

Would you like a specific colour? Y/N _____

(NOTE: colours can change as the dog matures)

If yes, indicate the colour you would like _____

Would you like a PET ONLY puppy and you plan to spay/neuter? Y/N _____

Would you like a BREED QUALITY puppy and are you willing to keep the male intact for breeding or are willing to have at least one litter if you get a female? Y/N _____

If BREEDING, you will be required to give back to Lagotto on the Hill, a 2nd pick puppy of show/breed quality from your first litter. Do you understand and agree? Y/N _____

Are you interested in a SHOW QUALITY puppy and are you willing to keep the male or female intact with Lagotto on the Hill retaining all breeding rights? Y/N _____

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What areas are you interested in training your dog in? Check all that apply.

Family Pet _____
Obedience _____
Agility _____
Search and Rescue _____
Truffling _____
Breeding _____
Therapy _____
Hunting _____
Other (explain) _____

In what type of housing do you reside?

Apt/Condo _____ Townhouse _____ Single Family _____ Other _____

In what area do you live?

In town _____ In the country _____ On a farm/ranch _____ Other _____

Do you own or rent your home? _____

Do you have a fenced yard suitable for dogs? _____

Please indicate the individuals and pets in your household. (Select all that apply)

Adults _____ Children _____ Dogs _____ Cats _____ Other _____

Are there family members in your home with special needs? If so, please describe.

If there are children at home, what are their ages? (Select all that apply).

<5 years _____ 5-12 years _____ Teenagers _____

Have you owned dogs in the past? Y/N _____

If yes, please list the breed(s)? _____

Does anyone in the household have allergies? Y/N _____

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If you selected YES, what type? (Note: Although many people with allergies do well with the Lagotto, there are no guarantees that allergy sufferers will not be affected. Potential owners should meet a Lagotto before making a final decision).

What temperament do you expect from your dog? _____

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

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

Do you agree to return your Lagotto Romagnolo to us if you are unable to keep it? Y/N _____

Are you willing to keep the dog up to date on all its shots and necessary tests if indicated by your Veterinarian? Y/N _____

Are you willing to have your dog seen by a vet at least once a year? Y/N _____

Are you willing to have the Breed quality dog's hips x-rayed (PennHip or OFA) at appropriate age (each differs) and provide us with the report? Y/N _____

Who is your Veterinarian and what is his/her phone number? Y/N _____

Are you willing to license the dog and keep it properly identified? Y/N _____

Are you willing to provide us with the follow-up reports as needed? Y/N _____

If necessary, are you willing to pay the shipping charges for this dog? Y/N _____

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Please list 2 references. (Include complete name, address and phone number)

Reference #1: _____

Reference #2: _____

Although we prefer you to come and pick up your puppy, we realize that may not be possible. Please let us know (if shipping your pup), which airports are closest to you: _____

Additional information: List any other specifics with regards to what you are looking for in a Lagotto.

By signing this application, I (we) authorize the Veterinarian listed on this application to release information to Lagotto on the Hill.

Signature: _____ Date: _____