

Stonybrook Bernese Mt. Dogs

First Name _____

Last Name _____

Age _____

Address _____

City _____

State: _____

Zip Code _____

(_____) _____
Phone

(_____) _____
Cell Phone

Email Address _____

Do you own your home? Yes No

Do you have a Veterinarian? Yes No

Name

Address

City

(_____) _____
Phone

Do you have children in your household? Yes No

If you checked yes what are their names and ages?

Are you willing to take your puppy to obedience class? Yes No

Do you have any other pets? Yes No

What are the breeds and ages?

Have you ever owned a Bernese Mt. dog before? Yes No

Do you have a fenced yard? Yes No

What kind of fencing?

Do you have a preference in the sex of your puppy Male Female Doesn't Matter

Where will the puppy sleep?

Will the puppy have a crate? Yes No

How many hours per day will the puppy be on its own?

During this time where will the puppy be?

Comments:

Mail this questionnaire to:

Stonybrook Berners
P.O. Box 1871
Jackson, Ca. 95642