



Strongbow perm reg.

*Great Dane and Bull Terrier
Puppy Application Form*



Name:

Address:

Zip/Postal Code: _____ Country: _____

Personal Phone: _____ Work Phone: _____

Number of Children: _____ Ages: _____

Referred by:

Residence: Single Family: _____ Apt/Condo: _____ Trailer: _____ Farm: _____

Other: _____

Are you willing to permit a home check? Yes: _____ No: _____

Fenced Yard? Yes: _____ No: _____

Leashed walks? Frequent: _____ Occasional: _____ None: _____



STRONGBOW

4594 Hwy 3 P.O. Box 97, Sherston, ON L0S 1R0

Phone: 905-894-4809 www.strongbow-greatdane.com info@strongbow-greatdane.com



How many hours left alone per day?

Where will dog stay when alone?

When family is home?

Do you currently own a dog? _____ How many? _____

Breed, sex, name and age of dog(s):

Do you have a preference about male or female dog?

Do you have a colour preference?

Ears: uncropped? _____

Does anyone in your family have allergies to dogs?

On a scale from 1 to 10 (10 being the most active). How active would you say your family is?

Would puppy be with you during this family activity? Yes: _____ No: _____

Are you willing to travel to pick up dog? Yes: _____ No: _____



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Are you aware of the yearly costs of maintaining a healthy dog?

Why do you want a dog?

What aspect of a dog is most important to you? Protection: ___ Friendship: ___

How would you prevent, manage your dog's inappropriate (not so good)

behavior? _____

Are all members of your household aware you are acquiring a dog?

Do they all approve?

Who is the primary caregiver?

Disposition of prior dog(s): stolen: ___ ran away: ___ sold: ___

given away: ___ died: ___ euthanized: ___

Why?

Veterinarian (name & number):



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Vet checks are made so please inform your vet that a breeder will be calling them for information.

Thank you,

Nancy Cosby 

Registered Breeder and Member of:

- Canadian Kennel Club
- The Bull Terrier Club of Canada
- Association of Great Dane Fanciers
- Bull Terrier Fanciers Association
- Rare Breeds Canada



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