



Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ **Cell Phone:** () _____

Email: _____

Occupation: _____

Do you have children? If so, how old are they? : _____

How did you hear about Touchá Picards: _____

What veterinarian will you use/ phone number: _____

Please Check All That Apply

(Place cursor over box and select, if there are any issues selecting just place response in comment section)

I Am Looking For

- | | | |
|----------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Brindle | <input type="checkbox"/> Fawn | <input type="checkbox"/> Puppy |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Intentions for your Picard

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> Family Companion | <input type="checkbox"/> Obedience | <input type="checkbox"/> Agility |
| <input type="checkbox"/> Breeding | <input type="checkbox"/> Herding | <input type="checkbox"/> Showing |
| <input type="checkbox"/> Service | | |

Have you previously owned a dog/ Picard? : _____

Do you own any pets at this time? : _____

Do you have a fenced in yard: _____

Where will your pet spend its time? : _____

How many hours will your pet be alone? : _____

Will someone be close enough to care for the puppy during the day? : _____

Is there anything extra you would like to add? : _____

