

Borderhauss Kennels Puppy Application

Names:

Age:

Address:

City, State, Zip:

Phone:

Email:

Why do you want a Border Collie puppy?

Have you owned a Border Collie before?

What do you like best about the Border Collie?

What do you like least about the Border Collie?

Do you want to breed Border Collies?

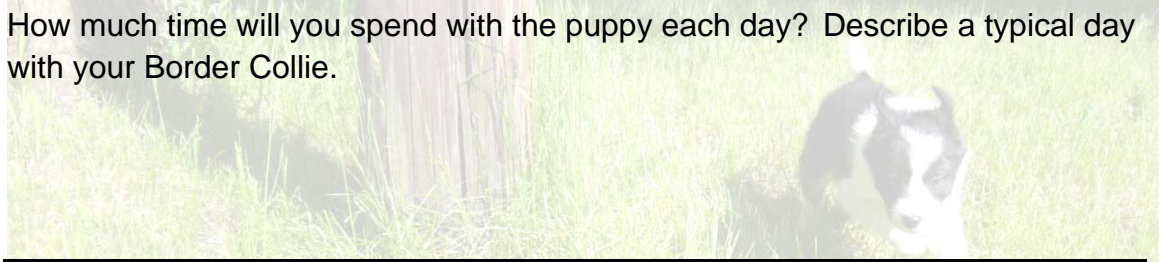
If no, are you willing to accept ABCA limited registration papers? (limited registration allows you to compete in all performance events just does not allow you to register any litters from this pup)

What is your color and gender preference?

Do you have specific markings you want or do not want?

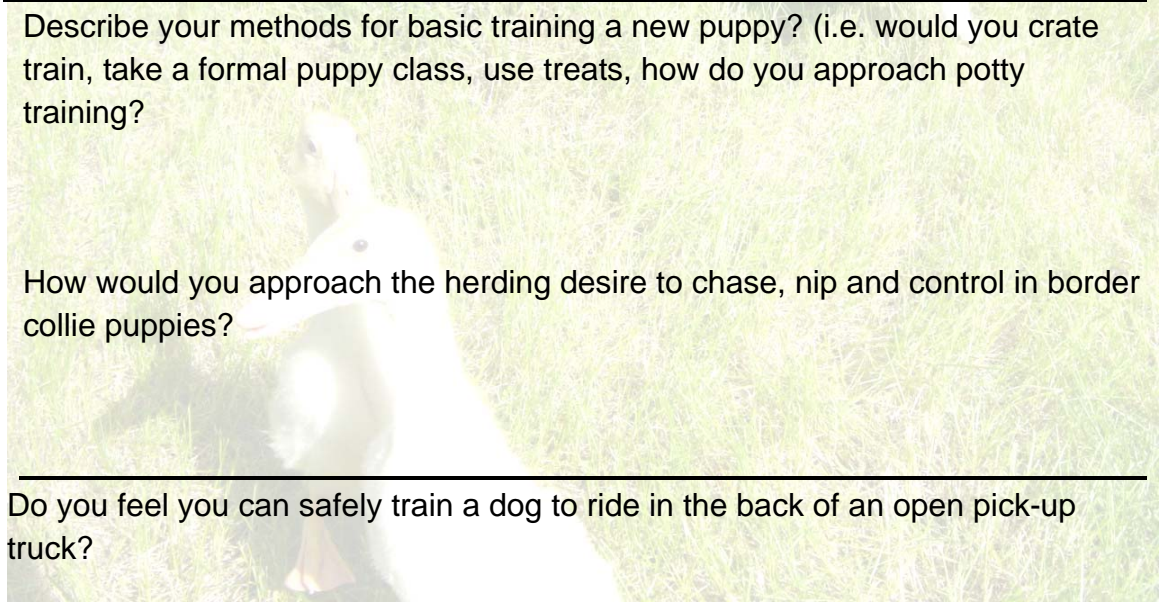
Please describe specifically what character or physical attributes you are looking for in a puppy?

How much time will you spend with the puppy each day? Describe a typical day with your Border Collie.



Describe your methods for basic training a new puppy? (i.e. would you crate train, take a formal puppy class, use treats, how do you approach potty training?)

How would you approach the herding desire to chase, nip and control in border collie puppies?



Do you feel you can safely train a dog to ride in the back of an open pick-up truck?

Please list all other pets living at your household, include spay/neuter, breeds, ages.

What canine activities interest you?

(circle) Breeding, Herding, Frisbee, Conformation, Agility, Freestyle, Flyball, Search and Rescue, Obedience, Dock-dogs, Others, please list?

What are the ages of the children in your household?

Is any family member allergic to dogs?

Does everyone in the household want a new puppy?

Where will the dog sleep at night?

Do you have a large fenced yard to keep a dog secure?

Do you or your neighbors own livestock?

Have you ever taken a dog to a shelter or pound?

If yes, please explain:

Rate the following in order of importance to you. (1 most important, 10 least important)

___herding instinct ___conformation ___temperament ___color
___personality ___pedigree ___size ___energy level
___health ___trainability

Veterinarian Clinic:

Doctor Name:

Address:

City/State

Zip:

Phone:

Please list trainers you work with regularly. (if you don't have one, do you need help finding one?)

Name

Phone

Type of training:

Name

Phone

Type of training:

Any comments: