

Liberty Belle Goldens  
Mullica Hill, NJ 08062  
(856) 223-0750  
Joanne & Bob Street  
[lbgoldens@gmail.com](mailto:lbgoldens@gmail.com)

**Puppy Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Your hours of work: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Do you currently own any pets? YES or NO

If YES, how many and what type? \_\_\_\_\_

If NO, have you ever owned a dog? YES or NO What breed? \_\_\_\_\_

What became of your dog? \_\_\_\_\_

Why are you interested in a golden retriever? \_\_\_\_\_

Are you interested in a: PUPPY or ADULT

Are you interested in a: FEMALE or MALE

When are you looking to purchase a puppy? \_\_\_\_\_

For what purpose are you purchasing a golden retriever? (Check all that apply)

\_\_\_\_ Family Pet \_\_\_\_ Agility \_\_\_\_ hunting \_\_\_\_ Obedience \_\_\_\_ Field

\_\_\_\_ Conformation \_\_\_\_ Therapy \_\_\_\_ Breeding \_\_\_\_ Other \_\_\_\_\_

How many people in your home? \_\_\_\_\_ # Adults \_\_\_\_\_ # Children \_\_\_\_\_

Names/Ages \_\_\_\_\_

Does anyone in your home have allergies? YES or NO

Does everyone in your home want a new puppy? YES or NO

Is someone home available during the day to take care of and exercise your puppy? YES or NO

Who will be the primary caregiver for your new puppy? \_\_\_\_\_

Where will your puppy stay during the day? \_\_\_\_\_

Where will your puppy sleep at night? \_\_\_\_\_

Will you crate train your puppy? YES or NO

Who will train your puppy? \_\_\_\_\_

Will you take your pet to obedience class? YES or NO

Are you aware that golden retrievers shed? \_\_\_\_\_

Are you aware that golden retrievers grow to be 60 - 85 lbs. and require a great deal of exercise? YES or NO

Do you have a securely fenced in yard? YES or NO

How will you provide exercise for your golden retriever? \_\_\_\_\_

\_\_\_\_\_

Are you aware that our pet puppies are sold on a Limited Registration with a spay/neuter contract? \_\_\_\_\_

Are you aware that Golden Retriever puppies are very mouthy and need to learn bite inhibition? \_\_\_\_\_

Have you ever given a dog away to a shelter? YES or NO

If so, why? \_\_\_\_\_

How would you describe your family lifestyle and recreation? \_\_\_\_\_

Do you or anyone living in your house smoke? \_\_\_\_\_

Do you use a lawn care company? What type of fertilizers/pesticides do you use on your lawn? \_\_\_\_\_

Have any chemicals currently or previously been applied to any area the puppy will use? \_\_\_\_\_

Are you aware that Golden Retrievers often eat grass for reasons other than not feeling well? \_\_\_\_\_

How will your puppy be cared for when you are away? \_\_\_\_\_

Are you willing to maintain contact with us throughout your puppy's life regarding personality, development, training, health problems and sharing photos of their development? \_\_\_\_\_

What characteristics and temperament are you looking for in your golden retriever puppy? (Size, color, outgoing, playful, reserved, etc.) \_\_\_\_\_

Do you understand that there is no perfect puppy? \_\_\_\_\_

Please give the name, address & phone number of your veterinarian:

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to return your golden retriever to the breeder should some unforeseen circumstances arise and you would no longer be able to keep or care for your puppy/dog? \_\_\_\_\_

I/we understand this application/questionnaire is for the mutual benefit of myself/ourselves as the applicant(s) and prospective golden retriever owner(s), Liberty Belle Goldens as the seller/breeder and the golden retriever we plan to purchase as a member of my/our family. It does not constitute a contract for Liberty Belle Goldens to provide me/us with a puppy, nor does it obligate me/us to purchase one. My/our answers to the questions are not the only factor in the determination of my/our suitability as a golden retriever owner.

Applicant Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_