

# KOOKOORA CAVALIERS SOUTH AUSTRALIA

Your Surname ..... Age ..... Your First name .....

Partner's Surname ..... Age ..... Partne'rs First name .....

Street ..... No..... Suburb..... Post Code .....

Telephone ..... Mobile .....

E-mail.....

Please describe where you live, including fencing

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Does anyone in the home have any health issues which may be worsened or be affected by having a dog in the house?.....

How many people live in your home? ..... Number of children ..... Ages.....

Who will be the primary carer for the Cavalier puppy? .....

How many hours a week do you work?.....

How many hours a week will the Cavalier puppy be left alone?.....

What arrangements will you make for your Cavalier when you go away on holiday?

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Have you ever owned dogs before?..... Which breeds have you owned before?

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Have you ever owned a Cavalier? ..... Do you own a dog at present? .....

How old is the dog you currently own? ..... Is it a male or female?.....

Is the dog sterilised? ..... Do you own other animals? .....

How will your Cavalier be exercised? .....

Where will your Cavalier live? .....

Where will your Cavalier sleep?.....

Your preference? Male ..... Female ..... Black and Tan ..... Ruby .....

*I understand that if I purchase a Kookoora Cavalier on limited register that no dog or bitch shall be used for breeding purposes, and that the puppy will be desexed by the age of 6 months and a copy of the desexing certificate be forwarded to Kookoora Cavaliers. I agree to sign a non-breeding agreement at the time of purchase.*

Sign ..... Date..... **Please email to: chrisjones@hotmail.com**