**AVONVIEW KENNEL QUESTIONNAIRE**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are all family members in agreement on getting an English Springer Spaniel? YES or NO

Number of Adults in the Family Home \_\_\_\_\_

Number of Children in the Family Home \_\_\_\_\_\_

Age of Child \_\_\_\_\_\_ Age of Child \_\_\_\_\_\_\_\_\_ Age of Child \_\_\_\_\_\_\_

1. Do you have a securely fenced yard? YES or NO
2. Do you have a pool? YES or NO
   1. If so is it fenced in separately? YES or NO
3. Are you aware of the care requirements of an English Springer Spaniel? YES or NO
4. Are you aware of the grooming requirements of an Eng. Springer Spaniel? YES or NO
   1. Do you have a grooming? YES or NO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Are you planning to groom the dog yourself? YES or No
5. Are you aware of the attention and exercise requirements? YES or NO
   1. Exercise what type of exercise will your dog get?
      1. In yard Exercise? YES or NO
      2. On Leash Walks? YES or NO
      3. Off Leash Walks? YES or NO
6. Are you aware that an English Springer Spaniel can live up to 16 years? Are you prepared for that? YES or No
7. How many per day will you be able to spend with your English Springer Spaniel? Based on a 24hr \_\_\_\_\_\_\_\_\_\_\_
8. Who will be the primary caregiver of the puppy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Where will your ESS spend most of his or her day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Where will your ESS sleep at night? \_\_\_\_\_\_\_\_\_\_\_ Do you plan to crate train? YES or NO
11. Do you plain to obedience train your puppy? YES or NO
12. Does anyone in your household have allergies to animals/pets? YES or NO
13. Will you agree to spay or neuter your puppy before they turn 1 yr. old? YES or NO
14. Do you currently own any other pets? Please indicate type and number

DOGS \_\_\_\_\_\_\_\_

CATS\_\_\_\_\_\_\_\_\_

OTHER\_\_\_\_\_\_\_

1. For what purpose are you buying an Eng. Springer Spaniel? Check all the apply
   1. Pet\_\_\_\_\_\_\_\_
   2. Show\_\_\_\_\_\_
   3. Obedience \_\_\_\_\_\_\_\_\_\_
   4. Field Work \_\_\_\_\_\_\_\_\_
   5. Agility \_\_\_\_\_\_\_\_\_\_\_
   6. Therapy \_\_\_\_\_\_\_\_\_
   7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. VERY IMPORTANT – please provide me with your preferences?
   1. Do you prefer male or female or no preference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Do you prefer liver and white or black and white? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Do you prefer a springer with a docked tail or full tail or no preference? \_\_\_\_\_\_\_\_\_\_\_
3. Tell me a little about what you are looking for in your English Springer Spaniel?

Personality, Energy level, etc…-

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1. Do you plan to get pet insurance? YES or NO
2. If you have a veterinarian may I contact him or her for a reference? YES or NO

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

Veterinarian Office Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Can you please provide me with one other reference of someone that I can contact?

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Submitting this form I verify that I have answered the questions truthfully. I also understand that this information is private and will not be sold or distributed by Avonview Kennels.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you very much for completing the above questionnaire. If you have any questions please don’t hesitate to email or call anytime.

Avonview Kennel Owner: Christine Remme

Contact Information: 1-902-472-2719

Email: cremme@eastlink.ca