



Pet Screening Questions

Your name: _____ Phone # _____

Address: _____ Cell Phone: _____

_____ Email: _____

♥ Are there any handicapped / special needs? Please explain.

♥ Any doctors order's? Weight Restrictions? Yes No Please Explain

♥ If Tcup.-any tcup experience ? Yes No I have read Tcup Care on OPL site Yes No

♥ Do you have any experience w/ this breed or others? Yes No _____

♥ Can you provide Your vet contact info – or one that you'll be using? Yes No

♥ Is this your 1st puppy? Yes No

♥ Do you have kids? Yes No If so, What are the age's ? _____

♥ Any other pets in the home.? Yes No Pet Type : cat dog bird reptile Other
How Many?:

♥ What are the plans for puppy during day?

♥ Are You on board w/ spay/neuter? Yes No

♥ I can read – apply the "Pup health care" pg. on OPL site when needed. Initials: _____

♥ Please describe Your Puppy Requirements: Breed: _____ Male Female

Mature Weight _____ Lbs. Color: _____ Other Descriptions: _____

All answers are true and will be honored to the best of my ability. _____

(Your Signature or Initials)



Please Email to: Ohpuppylove@gmail.com Let us look it over. So, we can help match up the right puppy with you.