

**Top Shelf Newfoundland's  
Puppy/Adult Inquiry/Application  
Email: [dvmnewf@aol.com](mailto:dvmnewf@aol.com)  
Website: [www.topshelfnewfoundlands.com](http://www.topshelfnewfoundlands.com)  
Phone: 330-483-9040 (home)**

Date of Application:

Newfoundland you are interested in: (circle)      PUPPY      ADULT

Sex of Newfoundland (circle)    MALE      FEMALE      NO PREFERENCE

Color (circle)    BLACK      LANDSEER      OTHER \_\_\_\_\_

Once you have completed this inquiry form we will contact you to discuss the possibility of a Newfoundland from Top Shelf Newfoundland's. We have a list that we compile and contact prospective Newfoundland owners when puppies/adults may become available.

**Personal Information**

Last Name:

First Name:

Spouse/Partners Last Name:

Spouse/Partners First Name:

Address:

City:

State:

Zip Code:

Email Address: (very important)

**We do our initial contact and communication via email. It is important we can reach you at an email you will check regularly. Please feel free to contact us anytime via email or phone.**

Phone number:

Cell number:

Emergency Contact (other than spouse/partner):

Name:

Phone number:

Are you 21 years of age?      \_\_\_ YES      \_\_\_ NO

**Employment Information**

Employer:

City:

State:

Work phone number:

Are you currently employed full-time?      \_\_\_ YES      \_\_\_ NO

Are you on public assistance?      \_\_\_ YES      \_\_\_ NO

### Family Information

How many adults live in your home other than yourself? Please list names.

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

How many children live in your home? Please list names and ages.

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

If you don't have children at this time do you plan on having children in the future?

YES       NO       MAYBE

Are ALL the members of your household in agreement of purchasing a Newfoundland? If not please list who is not in favor of the Newfoundland.

### Placement Information

Have you ever seen a Newfoundland?  YES       NO

What is your experience with a Newfoundland?

What is the reason you wish to purchase a Newfoundland? Check all that apply

Had a Newfoundland before and want to get another one

Companionship / Family Pet

Therapy Work

Want to breed Newfoundlands

Looking for guard dog

Want a working dog (circle all interested in):    Obedience    Water Rescue    Draft Work

Looking for Show prospect puppy or adult (Conformation dog)

Gift for someone    If gift for whom?

Can you afford regular vet care on your new pet?  YES     NO

What do you estimate routine vet care costs on the animal you adopt?

Do you agree to have your Newfoundland current on annual checkups and all vaccinations?

YES       NO

Are you aware that Newfoundlands should be screened for the following:

Hip Dysplasia (OFA rating) \_\_\_\_\_ YES \_\_\_\_\_ NO  
Elbow Dysplasia (OFA rating) \_\_\_\_\_ YES \_\_\_\_\_ NO  
Heart cleared of defects by Veterinarian Cardiologist \_\_\_\_\_ YES \_\_\_\_\_ NO  
Are you familiar with AKC's Limited Registration? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you are not we will explain it to you in our next correspondence since all of our pets are sold on LIMITED REGISTRATION through the AKC.

Who is your vet currently/previous or who do you plan on using if you don't have vet currently?

Name of Clinic:

Vet Name:

City:

Phone:

### Current and Past Pets

How many animals do you presently own? List all (exclude fish and rodents).

Pet Name	Type of Animal	Male/Female	Age	Spayed or Neutered

Are they current on vaccinations? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If NOT why?

The animals you owned in the past please tell us what happened to them. If they have passed away please tell us how?

Pet Name	Type of Animal	Male/Female	Age	Where is pet now?

What hours during the day will your pet be home alone due to work?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Where will your Newfoundland be housed when you are NOT home?

\_\_\_\_\_ Crate \_\_\_\_\_ Free Roam \_\_\_\_\_ Outside Kennel \_\_\_\_\_ Chained \_\_\_\_\_ Barn

Where will your Newfoundland be when you are home?

\_\_\_\_\_ Crate \_\_\_\_\_ Free Roam \_\_\_\_\_ Outside Kennel \_\_\_\_\_ Chained \_\_\_\_\_ Barn

Where will your Newfoundland sleep at night?

**Home Information**

Do you own or rent your home?       OWN                       RENT

If you rent please give name of Landlord.

Phone number to Landlord.

Will Landlord allow pets?                       YES                       NO

Are there any size or breed limitation or other restrictions?       YES       NO

If yes what are they?

Do you have a fenced yard?                       YES                       NO

If yes what type of fence?

How high is fence?

If NO – how will you exercise your Newfoundland? (check all that apply)

Daily walks       Let out to run freely       Kennel fenced area       Tie out

**TRAINING AND BEHAVIORS**

Do you plan to obedience train your Newfoundland?       YES       NO

Will you crate your Newfoundland?                       YES                       NO

If NO why?

How will you handle destructive behaviors such as; chewing, accidents in the house, excessive barking, etc.?

If you move in the future will you insure your Newfoundland can move with you?       YES       NO

If you can no longer continue to keep Newfoundland you purchase through Top Shelf Newfoundland's you understand that you MUST RETURN THE NEWFOUNDLAND TO TOP SHELF NEWFOUNDLAND'S. NOONE ELSE IS TO HAVE THIS NEWFOUNDLAND IF YOU CANNOT KEEP THIS DOG ANY LONGER.

YES I DO                       NO I DON'T

Any other information you wish us to consider when reviewing your inquiry application?

Please sign you understand the application and the above information is true and correct to the best of your knowledge.

X.

X.