



# Rideau Kennels Reg. Puppy Buyer Information Sheet

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## Contact Information

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

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

Apartment/Unit #: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

First Names: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

How did you hear about Rideau Kennels?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For whom are you adopting this dog?  
\_\_\_\_\_

Which family member will be primarily responsible for the care and supervision of the dog?  
\_\_\_\_\_

Is everyone in the household in agreement about getting a toller puppy?

Yes    No

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## Household Information

# Adults: \_\_\_\_\_

# Children: \_\_\_\_\_

Names and ages of the children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does anyone in your house smoke?**

Yes No

**House Type:**

House Duplex/Semi-detached Condo  
Mobile Home  
Apartment Complex Name: \_\_\_\_\_  
Other \_\_\_\_\_

**Do you:**

Rent Own Lease to Own

**Do you have a yard?**

Yes No

**Is your yard fully fenced?**

Yes No

**Where will the dog live?**

- In the house
- Outside Leased/Chained
- Outside Fenced
- Outside Invisible Fence
- Kennel
- Dog Run

**Where will your dog sleep at night?**

- In the house
- Outside Leased/Chained
- Outside Fenced
- Outside Invisible Fence
- Kennel
- Dog Run

**Are there dog-friendly parks or open spaces near by?**

Yes No

**Do you live near/have access to a river or lake?**

Yes No

**Would you allow a representative to visit your home before placing a puppy?**

Yes No

**When are you hoping to get a puppy?**

\_\_\_\_\_

**What sex of dog do you prefer?**

Male Female No preference

**Would you accept an older dog?**

Yes No

**Who will take care of your dog when you are on vacation?**

\_\_\_\_\_

\_\_\_\_\_

**Do you have plans for your dog in case of your illness or death?**

Yes No

\_\_\_\_\_

\_\_\_\_\_

Are all your family members familiar and comfortable with dogs?

Yes No

Have any members of your family been frightened or hurt by a dog?

Yes No Yes and they are afraid of dogs.  
Yes but they are comfortable with dogs.

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## Previous Experience

Have you had a dog before?

Yes No

Breed	Sex	Spay/ Neuter	Age	What happened to it?

Have you ever had to turn a dog over the SPCA or Humane Society?

Yes No

Are you willing to feed the food recommended by Rideau Kennels?

Yes No

Where do you expect to buy your dog food:

Grocery Store Pet Store Feed Store  
Veterinarian Natural Pet Food supplier Make  
my own. Don't know

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## Pet Health

Do you have a veterinary near by?

Yes No

Are you aware of/willing to vaccinate the dog?

Yes No

Is Heartworm a danger in your area?

Yes No

Will you use preventative measures for Heartworm?

Yes No

Are you willing to have specific health tests performed by a veterinarian to ensure the integrity of the breed?

Yes No I don't know, what tests?

Would you be willing to return the dog to the breeder for these tests, if necessary?

Yes No

Are you aware of the health issues specific to the toller breed?

Yes No No and I'm not concerned?

Are you interesting in breeding your toller?

Yes No

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## Choosing a Toller

How did you learn about tollers?

What about tollers attracted you to the breed?

Do you realize tollers are high-energy dogs?

Yes No

What energy level do you want in your toller?

High Medium Low

How many hours exercise do you think a toller requires in a day?

Do you realize tollers are very intelligent dogs?

Yes No

Are you aware and willing to make a committment that may last 12-15 years?

Yes No

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## Plans and Preparation

Is anyone home during the day?

Yes No

If no, how long will the dog be alone?

Do you have arrangements for a dog-walker?

Yes No

Do you plan to crate/kennel your puppy?

Yes No

Are there other pets in the house?

- Cats
- Dogs
- Other
- None

If you have other pets, do you have any concerns about adding a puppy to your home?

Yes No Don't know

If yes, what, briefly, are your concerns:

**Do you plan to take basic obedience classes with your dog?**

Yes   No   Don't know

**Do you plan to socialize your dog**

- with other people
- with other dogs
- in other environments

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## Activities

**What is your experience with dog training?**

I plan to attend a class.   I plan to do it on my own.  
I plan to have someone else train him.   I have no plans for training.

**Have you ever attended or lead dog training classes?**

- Attended
- Led
- Neither

**What do you plan to do with your dog?**

- Pet only
- Agility/Flyball
- Obedience Competition
- Field Competition
- Hunting Companion
- Conformation Showing
- Breeding
- Other

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**Are you interesting in showing or competing with this dog in Canada or the US?**

Yes   No   Maybe

**If not, are you willing to have someone else show or compete with the dog?**

Yes   No   Maybe