

Pet Screening Questions

Your name: _____ Phone # _____

Address: _____

Phone: _____

Email: _____

✦ Are there any handicapped / special needs? Yes No Please explain.

✦ Any Doctor/Therapist Advice:

✦ Do you have kids? Yes No Children age's? _____

✦ Is this your 1st Puppy? Yes No

✦ Previous Dog Experience: Yes No Breed(s): _____ Gender: _____ Weight: _____ lbs.
Breed(s): _____ Gender: _____ Weight: _____ lbs.
Breed(s): _____ Gender: _____ Weight: _____ lbs.

✦ Any Pets in the home Today? Yes No

| | | | | | | |
|-------------------------------------|--------------|------|--------|-----|------|--------|
| Pet Type: <input type="radio"/> Cat | Breed: _____ | Male | Female | Age | Spay | Neuter |
| <input type="radio"/> Dog | Breed: _____ | Male | Female | Age | Spay | Neuter |
| <input type="radio"/> Bird | Breed: _____ | Male | Female | Age | Spay | Neuter |
| <input type="radio"/> Reptile | Breed: _____ | Male | Female | Age | Spay | Neuter |

I will read the Suggested Information on the "Pup health care"pg. on OPL site.



What are Your Future Puppy Requirements?

MORKIE MALTESE Teddy Bear (SHIH-CHON) Teddy Bear (MAL-SHIH)

Male Female Ideal Mature Weight _____ Lbs. Color: _____

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

(Your Signature or Intials)

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