



## CHINESE SHAR-PEI Puppy Inquiry Questionnaire

### Chinese Shar Pei

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### Surprise Kennel Boarding & Training

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### CONTACT INFORMATION

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

\_\_\_\_\_  
CITY: \_\_\_\_\_ PROVINCE OR STATE: \_\_\_\_\_

POSTAL CODE OR ZIP: \_\_\_\_\_ HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CO-APPLICANT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### QUESTIONNAIRE INFORMATION

How did you hear about our Chinese Shar-Pei? \_\_\_\_\_

What do you know about the breed (temperament, health, etc.)? \_\_\_\_\_

Do you have a preference in coat, colour, sex or age? Yes  No  \_\_\_\_\_

If so please specify \_\_\_\_\_

Do you rent or own your own home? Own  Rent

How many years have you lived at the above address? \_\_\_\_\_

What type of home do you live in? Apartment  House  Duplex  Mobile Home

Condo  Other  (please specify) \_\_\_\_\_

Do you have a fenced yard? Yes  No

What kind of fencing do you have? \_\_\_\_\_

If you do not have a fenced yard how will your Shar-Pei be exercised? \_\_\_\_\_

If you rent, please provide us with the landlord's name and phone number.  
(Please note that we will contact your landlord).

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

TELEPHONE: \_\_\_\_\_

Are there any covenants (restrictions, size, number, type) that prevent you from having a particular pet?

Yes  No  If yes, please explain. \_\_\_\_\_

Who will be responsible for the care of this dog? \_\_\_\_\_

If you have children living in your home or that visit on a regular basis, please indicate their ages. \_\_\_\_\_

How many hours will your dog be alone per day? \_\_\_\_\_

Who will care for this dog while you are on vacation? \_\_\_\_\_

If you have to move what will you do with your dog? \_\_\_\_\_

Are you willing to take responsibility for this dog for the next 10 or more years?  
Even if you have your first or more children or pets? Yes  No

Will this dog be taken annually to the veterinarian for a check-up and be checked for parasites and heartworms? Yes  No

Have you ever owned a Chinese Shar-Pei? Yes  No

If you have owned animals in the past, what happened to those animals? \_\_\_\_\_

If you have other animals, please fill out the sections below. \_\_\_\_\_

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

BREED/TYPE: \_\_\_\_\_

AGE: \_\_\_\_\_

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

BREED/TYPE: \_\_\_\_\_

AGE: \_\_\_\_\_

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

BREED/TYPE: \_\_\_\_\_

AGE: \_\_\_\_\_

Please provide the name and address of your veterinarian. We will call them for a reference.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Where do you plan on keeping your Shar-Pei the MAJORITY of the time? \_\_\_\_\_

Where will your dog sleep at night? \_\_\_\_\_

What will you do with your dog when there is no one at home? \_\_\_\_\_

What will you do if your dog exhibits bad behavior, ie. being destructive, soiling the house, barking, etc?

\_\_\_\_\_  
\_\_\_\_\_

thank you for completing the questionnaire,  
please fax to (705) 435-1795