bmdci PUPPY LIST REGISTRATION FORM

# NAME OF APPLICANT (S)

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# ADDRESS

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# TELEPHONE NUMBER (S)

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# EMAIL ADDRESS

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# FAMILY

\*How many Adults are in the family? Please give names –

\*How many children are in the family? Please give names and ages-

# Home

\*Do all the adults in the household work?-

\*If not who is at home during the day?-

\*If all the adults in the household work does anyone come home during the day or at lunchtime? –

# Pets

\*Have you previously owned a dog? If so please give details –

Breed Sex Age Acquired Age Departed Reason Departed

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# ARE ALL MEMBERS OF THE FAMILY IN AGREEMENT WITH THE DECISION TO ACQUIRE A BERNESE MOUNTAIN DOG?

YES NO PLEASE CIRCLE WHICHEVER APPLIES

# are you familiar with the bernese mountain dog, i.e. have you seen/met the breed and if so where?

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\*Are you looking for a pet, to breed or to show? -

\*Are you looking for a dog or a bitch? –

\*Where will the dog be kept, i.e. a pen, shed, in the home, kennel? –

\*Have you a secure garden?-

# Name and address of your veterinary surgeon

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SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE RETURN THE FULLY COMPLETED FORM TO –

MICHELLE MURPHY, 82 DRUMANESS ROAD, BALLYNAHINCH, BT24 8LT