



## Prospective Puppy Parent Application

### Contact Information

Name		Date
Home Phone	Cell Phone	Email Address
Address		
City	State	ZIP Code
Previous SHFA Parent?	Yes    No	Referred by

### Puppy Preferences:

**Type:** Australian Shepherd (Aussie)  
Aussie Doodle:    Regular    Frozen    Smooth Coated Frozen    No preference

**Size:** Toy(10"-14")    Miniature (14"-18")    No preference

**Sex:** Male    Female    No preference

**Coloring Preference:** Blue Merle    Red Merle    Black Tri    Red Tri    Black Bi    Red Bi  
Brindle    Sable    No preference

**Eye Color Preference:** Brown    Blue    Green    Amber    Two Colored    Mixed  
No preference





**Questions:**

1. Do you live in an apartment/condo or house?      Apartment/Condo      House
2. If you live in an Apartment/Condo, do you have a private/enclosed patio or yard?      Yes      No
3. If you live in a house, do you have a fenced in yard?      Yes      No
4. What are your intentions for the puppy? \_\_\_\_\_
5. What type of lifestyle do you live? \_\_\_\_\_
6. Do you have any other pets?      Yes      No      If so, what kind(s) and name(s)?  
\_\_\_\_\_
7. Have you ever owned a pet?      Yes      No      If so, what kind(s), name(s), and when?  
\_\_\_\_\_
8. Provide veterinarian name and phone number. Seller will call to verify as a reference.  
\_\_\_\_\_
9. Do you have children?      Yes      No      If so, what are their ages? \_\_\_\_\_
10. How will you be picking up your puppy?  
    Pick up in Northwest Central Indiana      Flying in to pick up at the Indianapolis Airport  
    Shipping for an **additional fee** via our approved Flight Nanny (only shipping option available).  
    Select airport:      Indianapolis      O'Hare
11. All of our puppies are fed Royal Canin puppy food, are you willing to continue feeding Royal Canin?  
    Yes      No
12. All puppies are required to be microchipped before being transferred to their new family. Will you agree to the extra fee for the microchipping?      Yes      No
13. All puppies are required to take NuVet vitamins for a minimum of one (1) year for any health guarantees in the contract to be applicable. Will you agree to purchasing from manufacturer and administering the vitamins?  
    Yes      No

By signing below, the applicant certifies that the responses are accurate and complete. Additionally, the applicant certifies that it has reviewed and agrees to the deposit refund policy listed on the Sandy Hill Farm Aussies website (<https://sandyhillfarmaussies.com>).

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_





**For Internal Use:**

Date Application Received:	Approved _____ Denied _____ Reason:	Deposit Received: Yes _____ No _____ Date: _____ Amount: _____
Vet Reference Checked:		
NuVet Vitamins Purchased: Yes _____ No _____	Other:	

