



# AlCher DOBERMANS



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## PUPPY APPLICATION

Please fill out the form below.  
After you have completed the fields, please save the file and send it as an attachment to  
CGreen@benefitcon.com

How did you hear about AlCher Dobermans?

### Personal Info

Name:

Address:

Phone Numbers:

Home:

Cell:

Email:

What is the best time and phone number to reach you?

Are you    *Single*    *Married*    *In a Long-term Relationship*

How many adults live in your home?

How many children live in your home or visit often and what are their ages?

*Residing:*

*Visiting:*

What experience have the children had with dogs?

Does anyone in your home have pet allergies?

Yes

No

*If Yes, please explain:*

## Residence

What type of home do you live in?      *House*      *Condo*      *Other*

*If Other, please explain:*

**Do you**      *Own*      *Rent*

*If Renting, please provide your **Landlords** information:*

Name:

Phone Number:

Email:

Are there any bylaws, covenants, or other restrictions on dogs where you live?      *Yes*      *No*

*If Yes, please explain:*

Does your homeowner or renter insurance company have any restrictions concerning owning a Doberman?

*Yes*      *No*

How long have you lived at the current address?

*If less than 1 year, where did you live before, and for how long?*

Length:

Address:

Are you planning a move in the near future?      *Yes*      *No*

*If Yes, when and where to?*

Date:

Address:

## Employment

Are you or your spouse active duty military?      *Yes*      *No*

**Are you**      *Employed*      *Retired*      *Other*

*If Other, please explain:*

*If Employed, please provide your **Employers** information:*

Name:

Phone Number:

*How long have you been employed there?*

## References

Please provide the Names and Phone Numbers of three non-relative adults who do not reside in the same household as you:

- |     |       |               |
|-----|-------|---------------|
| 1.) | Name: | Phone Number: |
| 2.) | Name: | Phone Number: |
| 3.) | Name: | Phone Number: |

If you have an established Veterinarian, please list name and phone number:

Name:	Phone Number:
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## Dogs

Have you ever owned a Doberman before?      Yes      No

*If Yes, please give details:*

Have you ever owned a dog other than a Doberman?      Yes      No

*If Yes, please give details:*

Did your previous dog(s) live their entire life with you?      Yes      No

*If No, please explain:*

Please list all other animals currently living in your home or you anticipate having in your home along with their ages:

Why do you want to purchase a Doberman?

What color do you prefer?      Black      Red      No Preference

What gender do you prefer and why?      Male      Female      No Preference

*Please explain your preference:*

Are you looking for any specific personality traits?      Yes      No

*If Yes, which ones and why?*

**Are you planning on participating in any activities with your dogs? (please indicate any that apply)**

Conformation

Flyball

Home/Pet Companion

Obedience

Dock Diving

Companion for other Pets

Rally Obedience

Therapy Dog

Companion for Children

Agility

Breeding

**Have you ever earned AKC or other titles on a dog?**      Yes      No

*If Yes, please explain:*

**Where and with whom will your Doberman be in the following situations?**

*When you are at home:*

*When you are at work:*

*At Night:*

*When you are out of town on vacation:*

**Who will be the primary caregiver?**

**Do you own a crate?**      Yes      No

**Do you have any objections to crate training?**      Yes      No

**Do you have a fenced yard?**      Yes      No

*If Yes, do the gates have locks or latches?*      Yes      No

*If Yes, please describe:*

**Please describe your home and yard area to be used for the dog:**

**How do you plan to provide your Doberman with exercise?**

**Would you be willing to allow us to visit your home or if you are out of the area, someone we know do a home visit?**

Yes      No

**All AICher Dobermans sold as companions only, (non conformation show) are required to be spayed/neutered and are sold on a limited (non breeding) registration. Are you agreeable to this?**

Yes      No

**Do you agree to return your Doberman to us in the event that you are unable to keep the dog for any reason?**

Yes      No

**Do you agree to keep in contact with us throughout the life of the dog?**

Yes      No

*Thank you for completing this questionnaire.*

*It is important to get to know you in order to make the best possible placement for our Dobermans.*

*Once your information is verified and there are puppies available you will be contacted.*

*If we do not have any litters available or you are not quite ready for a dog, we will gladly put you on our waiting list and notify you when future litters and/or adults become available.*