Gem State Precious Cavaliers

Puppy Application

Please complete the information below and return it to Gem State Precious Cavaliers to start the process. There are seven sections to complete.

1. BUYER INFORMATION:

Name: _____

Address: _____

City/St./ZIP: _____

Phone: _____

Email: _____

Adult #1 Occupation: _____

Adult #2 Occupation: _____

2. LIVING SITUATION:

I live in a: ☐ House ☐ Condo ☐ Apartment

Own/Rent: ☐ Own ☐ Rent

Fenced Yard? ☐ Yes ☐ No

Describe: _____

If you do not have a fence, how do you plan to handle exercise and bathroom breaks?

Describe: _____

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Puppy Application

3. HOUSEHOLD PROFILE:

Number of adults in the home: _____

Children? ☐ Yes ☐ No If so, please list their ages: _____

Allergies? ☐ Yes ☐ No

Household in agreement about getting a new dog? ☐ Yes ☐ No

4. PET EXPERIENCE & CURRENT PETS:

Have you owned this specific breed before? ☐ Yes ☐ No

Current Pets? ☐ Yes ☐ No

If so, please list species, breeds, ages, and if they are spayed/neutered:

_____

_____

_____

_____

How have your previous pets passed away?

_____

_____

If you have a regular veterinarian, please provide their contact information:

_____

Gem State Precious Cavaliers
Puppy Application

5. LIFESTYLE & CARE

Where will the dog spend the day? Where will they sleep at night?

_____

How many hours per day will the dog be left alone?

_____

What is your plan for the dog while you are at work or traveling?

_____

How much daily exercise do you plan to provide?

_____

Are you interested in professional training/puppy classes? ☐ Yes. ☐ No

6. COMMITMENT & EXPECTATIONS

Are you prepared for the financial commitment of a dog (food, grooming, emergency vet bills, annual vaccines)? ☐ Yes. ☐ No

What is your plan if you can no longer care for the dog?

_____

A puppy can live for 12–15 years. Are you prepared for this long-term commitment?

_____

Why did you choose this specific breed?

_____

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7. REFERENCES

Please provide the names and phone numbers of two personal references (non-family members):

Reference #1

Name: _____

Address: _____

City/St./ZIP: _____

Phone: _____

Email: _____

Reference #2

Name: _____

Address: _____

City/St./ZIP: _____

Phone: _____

Email: _____