



HILLTOP BERNEDOODLES

Puppy Application Form

Your Name:

Your City, State:

Your Email Address:

Your Cell:

Preferred Gender:

- Male
- Female
- Does not matter
- Undecided

Preferred Color:

Do you need a non-shedding, hypo-allergenic dog?

- Yes
- No
- Preferred, but not a necessity

I plan on having this dog for:

- Service dog work
- Therapy dog work
- Facility dog
- Agility
- Family Dog
- Companion for myself
- Other

My lifestyle is best described as:

- Very active
- Mildly active
- Rarely active

Preferred Personality:

- Assertive
- Confident
- Reserved
- Unsure
- Help me find the right fit

How many hours a day will your dog be left home alone?

- 8 plus hours
- 5-8 hours
- 2-5 hours
- Less than 2 hours

Will this be your first dog?

- Yes
- No

Do you have other pets? If yes, please describe below

Do you have children? If yes, please describe below.

Please tell me anything else about what you are looking for and wanting from your new dog:

How did you hear about Hilltop Bernedoodles:

- Google Search
- Facebook
- Instagram
- Friend or Family
- Another breeder
- Other: please describe