

WHISPERING PALMS
Greater Swiss Mountain Dogs

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Application for Greater Swiss Mountain Dog Puppy

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax (Home or Work): _____

Email: _____

Home Environment

List of all the people in your home and their ages: _____

Occupation of the adults in the home: _____

Do you have a house? Apartment? Other? _____

Is this an urban/suburban/rural setting? _____

If you rent, are you allowed to have large dogs? _____

Rental Company/Landlord Name: _____

Rental Company/Landlord contact number: _____

Do you have any other pets? Yes No If yes, provide details:

Pet Breed	Gender	Age	Neutered or Spayed?
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

Is someone home during the day? _____

If not how do you intend to provide for the pup during your absence?

Will this dog primarily live indoors or outdoors? Indoors Outdoors

Details: _____

Do you have a fenced area? Include description – how large, what type of fence?

If you do not have a fenced yard, how do your intend to exercise your Swissy?

Training & Socialization

Do you know that house training may take up to 6 months or longer and that the dog will shed?

If you have younger children (your own, grandkids, etc.), do you know that toddlers and large breed dogs need to be taught how to interact with each other to avoid possible physical injuries?

To what extent will you use a crate?

How do you intend to socialize the puppy? _____

Where and what type of training classes will you take? _____

What experience do you have with large working breed dogs? _____

Medical & Emergency Care

Do you have a veterinarian knowledgeable about large breeds? _____

Have you researched the diseases that can affect Swissys, such as OCD, bloat/gastric torsion, epilepsy, etc? Yes No

Treatment of these conditions can be very expensive. Are you aware of the cost(s) and prepared to provide the treatment, if necessary? Yes No

Do you have an Emergency Vet Clinic nearby? Yes No

Have you inquired if they are familiar with GDV (bloat-torsion)? Yes No

*We recommend Pet Insurance, you can discuss with your current Vet as to which companies they recommend or we can give you a list of providers to research. EARLY enrollment will cover puppy care through adulthood. *See "[Health Section](#)"*

Your Swissy

Have you personally encountered Swissys? _____

What type of temperament would you prefer in your Swissy?

Outgoing Mellow Reserved Other _____

Please describe your ideal Swissy (physical traits, color, markings, etc.) _____

Please specify whether you would like:

Male Female

Family Companion* Therapy Conformation Shows Obedience Breeding

Retiree Other: _____

*Companion/pets may have a blue eye(s), too much white on face, neck and or legs, base color other than black (ie: red or blue) and cannot be shown or bred.

Show/companions that have the correct markings according to the Breed Standard are priced at show price.

Show homes have priority so we may continue our breeding program with these wonderful Swissy's.

Is there anything else you feel we should know?

We will choose either a letter or theme for naming of your puppy, this letter or theme as well as the breeders kennel name must be included as part of the AKC registered name.

Payment Details:

- A \$500.00 deposit is required to hold your new Swissy puppy
- Balance is due before shipping or picking up of your puppy
- Payment methods accepted: cash or certified US funds
- Florida residents are subject to 6% sales tax
- Shipping costs will be the responsibility of purchaser i.e. Cost of crate, health certificate and airline fee
- Make check payable to: Juanita Jones

Thank you for considering Whispering Palms.

Printed Name

Signature

Date

Printed Name

Signature

Date