



Client Profile

Name: _____

Address: _____

Tel. (home): _____ (work): _____

E-mail: _____

Profession: _____

Work schedule (Hours / week) : _____

Desired breed: _____ Sex: Male Female

Status: Family Couple Single Other _____

Number of kids and ages: ___ girls (ages: _____); ___ boys (ages: _____);

Please fill out the questionnaire and mail it as soon as possible to:

Élevage du Bouleau Blanc
820 - 8^e rang
Mont-Tremblant, Qc J8E 1X1

Or fax it back. The fax number will be provided upon request.

For any questions or for additional information,
please call Colette Peiffer at 819.425.8484.

Questionnaire

Questions	Space reserved
1. Please explain the reasons why you wish to have a dog. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
2. Did you ever have a dog? If so, what breed was it? Tell me more about it. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
3. Do you know the breed that you want and what do you know of it? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
4. Do you like brushing a dog? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Do you enjoy going for a walk? Yes <input type="checkbox"/> No <input type="checkbox"/> For how long? _____ How often? _____	
6. Tell me about the kind of activities you would like to do with your dog.	

Questions	Space reserved
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>7. Describe your personality and your family's.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>8. Describe a typical week-day.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>9. What kind of temperament are you looking for in your dog? (Please check all applicable answers)</p> <p>a) <input type="checkbox"/> Guarding <input type="checkbox"/> Independent <input type="checkbox"/> Social <input type="checkbox"/> Cuddly <input type="checkbox"/> Gentle with kids</p> <p>b) <u>Character</u> : <input type="checkbox"/> Weak <input type="checkbox"/> Average <input type="checkbox"/> Strong <u>Sporty</u> : <input type="checkbox"/> Weak <input type="checkbox"/> Average <input type="checkbox"/> Strong</p> <p>c) Playful <input type="checkbox"/> or Quiet <input type="checkbox"/></p> <p>Why?</p> <hr/> <hr/> <hr/> <hr/>	
<p>10. Who recommended my services?</p> <p>Name: _____</p> <p>Tel.: _____</p>	
<p>Additional Comments:</p>	

Questions	Space reserved
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	