



Please copy and paste to an email or print this page and complete IN DETAIL. Return to us via email mkilmer@racc2000.com, fax (231) 548-4469 or by mail to:

Iron Gate Kennels
P.O. Box 64
Alanson, MI 49706

Information is never given or sold to a third party and is strictly confidential.

Name: _____

Address: _____

Phone: (hm) _____ (wk) _____

E-mail: _____

Do you live in a (circle one) HOUSE, CONDO, APARTMENT,
OTHER _____

Do you (circle one) OWN, RENT the above residence?

What size is your home (approx. square feet)? _____

Do you have a yard? _____

What size (approx. square feet)? _____

Is your yard enclosed? _____

If yes, describe:

Names of adults in household:

Names and Ages of children in household:

Why do you want a mastiff?

What made you interested in an Iron Gate mastiff?

Have you had/do you have other pets? _____

Male/Female? _____

Spayed/Neutered? _____

Describe:

Name/address/phone of your vet or the vet you intend to use:

How much time do you expect to spend with your mastiff everyday?

How many hours will your mastiff be alone everyday?

Describe where your mastiff will be kept?

What will you feed your mastiff?

Are you willing to feed you puppy as outlined by the breeder to assure optimal health and growth? _____

If no, why:

Do you want a male or female mastiff and why?

What activities do you plan to do with your mastiff?

Are you interested in a (circle all that apply) show quality, pet quality, breeding mastiff?

Are you willing to have us, or one of our trusted friends, visit your home?

Please list three personal references (name, address, phone):

Additional Comments:

Thank you for taking the time to complete this questionnaire and we look forward to speaking with you about adding a mastiff to your family!