



Please copy and paste to an email or print this page and complete IN DETAIL. Return to us via email [mkilmer@racc2000.com](mailto: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?

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What made you interested in an Iron Gate mastiff?

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Have you had/do you have other pets? \_\_\_\_\_

Male/Female? \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_

Describe:

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

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

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How many hours will your mastiff be alone everyday?

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Describe where your mastiff will be kept?

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What will you feed your mastiff?

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

If no, why:

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Do you want a male or female mastiff and why?

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What activities do you plan to do with your mastiff?

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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?

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

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Additional Comments:

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***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!***