

# KGB-BRT Kennel

P.O. Box 81117  
Las Vegas, NV 89180-1117  
702-526-4123

## PUPPY APPLICATION

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DATE:

NAME:

STREET ADDRESS:

CITY:

STATE & ZIP CODE:

E-MAIL ADDRESS:

HOME PHONE:

CELLULAR PHONE:

RESIDENCE TYPE:        House        Apartment        Condo

DO YOU:        Own        Lease

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS:

PREVIOUS ADDRESS IF LESS THAN 5 YEARS:

DO YOU HAVE A FENCED YARD?        Yes        No

DO YOU HAVE A KENNEL RUN?        Yes        No

DESCRIBE YOUR FENCING:

IF NO FENCING, HOW WILL EXERCISING AND BODILY FUNCTIONS BE MAINTAINED?

HOW MANY PEOPLE IN YOUR HOUSEHOLD:

NUMBER OF CHILDREN WITH AGE AND SEX:

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Permitted by the City of Las Vegas

Fancier's Permit # U09-034152

Breeder's Permit # U15-011716

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DO YOUR CHILDREN HAVE EXPERIENCE WITH DOGS?      Yes      No      Limited

ARE THERE ANY MEMBERS IN YOUR HOUSEHOLD WHO HAVE SPECIAL NEEDS OR SPECIAL  
CONSIDERATIONS FOR ANY REASON?      Yes      No

IF YES, PLEASE EXPLAIN:

DO YOU OWN ANY OTHER DOGS?      Yes      No

ARE THEY SPAYED OF NEUTERED?      Yes      No

WHAT IS THE BREED AND AGE OF THE OTHER DOG(S)?

CURRENT VETERINARIAN AND/OR HOSPITAL NAME AND PHONE NUMBER:

HOW MANY DOGS HAVE YOU OWNED IN THE LAST 5 YEARS?

BREEDS:

WHAT HAPPENED TO YOUR LAST DOG?

DO YOU HAVE ANY OTHER PETS BESIDES DOGS AND IF YES WHAT TYPE?

HAVE YOU OWNED A BLACK RUSSIAN TERRIER BEFORE?      Yes      No

IF YES, WHAT HAPPENED TO IT/THEM?

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WHAT ARE YOU LOOKING FOR (CHECK ALL THAT APPLY):

Male      Female      Companion      Show (Confirmation)      Breeding  
Performance (Rally, Obedience, etc.)

FOR SHOW OR BREEDING, DO YOU WANT A POSITIONED PICK OF THE LITTER (First Pick, Second Pick, Etc.)?      Yes      No

MAY WE PICK FOR YOU?      Yes      No

AGE DESIRED (Check all that apply):      2-6 Months      6-12 Months      1-2 Years  
2-5 Years      open to any age

DO YOU PLAN TO BREED?      Yes      No      Maybe

WILL YOU SPAY OR NEUTER (All companion placements are required to spay or neuter)?

Yes      No      Maybe

WILL YOU KEEP PET INSURANCE FOR THE LIFE OF YOUR KGB-BRT DOG?

Yes      No      Maybe

WHERE WILL YOUR BLACK RUSSIAN TERRIER SPEND MOST OF EACH AND EVERY DAY?

WHERE WILL YOUR BLACK RUSSIAN TERRIER SLEEP EVERY DAY?

HOW MANY HOURS WILL YOUR BLACK RUSSIAN TERRIER BE LEFT ALONE EACH AND EVERY DAY?

HOW SOON WOULD YOU LIKE TO BRING A KGB-BRT PUPPY INTO YOUR HOME?      0-2 Months  
3-6 Months      7-12 Months      Open to anytime

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WILL YOU RETURN YOUR DOG TO KGB-BRT KENNEL IF YOU CAN NO LONGER KEEP OR TAKE CARE OF YOUR DOG?    Yes            No            Maybe

WILL YOU ALLOW A KGB-BRT KENNEL AGENT VISIT YOUR HOME PRIOR TO OR AFTER ADOPTION?  
Yes            No            Maybe

WHAT ARE YOUR EXPECTATIONS FROM A BLACK RUSSIAN TERRIER?

ANY FURTHER COMMENTS AND INFORMATION THAT YOU THINK MIGHT HELP US FIND THE RIGHT BLACK RUSSIAN TERRIER FOR YOU, INCLUDING MORE ABOUT YOUR PREFERENCES AND REASONS FOR WANTING A BLACK RUSSIAN TERRIER FROM KGB-BRT KENNEL?

BY SIGNING THIS APPLICATION YOU ACKNOWLEDGE, AND UNDERSTAND, AND ARE IN AGREEMENT THAT KGB-BRT KENNEL MAY USE ANY MEANS TO RESOURCE THIS APPLICATION IN ORDER TO PERFORM A BACKGROUND CHECK ON THE ACCURACY OF THIS DOCUMENT. YOU ALSO ACKNOWLEDGE THAT THE INFORMATION YOU HAVE GIVEN US IN THIS DOCUMENT IS THE COMPLETE TRUTH TO THE BEST OF YOUR KNOWLEDGE. FURTHERMORE, YOU UNDERSTAND THIS APPLICATION EXPRESSES NO GUARANTEE THAT YOU WILL BE SELECTED AS A CANDIDATE FOR ONE OF OUR PUPPIES.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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