

# Bogan's Bostons Puppy Application

This application is used exclusively by Bogan's Bostons to get to know you as a potential new owner. All information provided will remain strictly confidential and will never be shared.

Please print and complete this application, sign and date it, and return by mail or email.

## Contact Information

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

## About You

Why did you choose Bogan's Bostons?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?  Social Media  Good Dog  Friend  Other: \_\_\_\_\_

Why are you considering adding a Boston Terrier to your family?

\_\_\_\_\_  
\_\_\_\_\_

## Puppy Preferences

1. Have you owned a Boston Terrier before?  Yes  No
2. Preferred Gender:  Male  Female  No Preference
3. Do you plan to:  Spay  Neuter  Breed

Bogan's Bostons reserves the right to refuse service or sales at our discretion. No deposit will be accepted prior to completion of this application.

This application is not a binding guarantee and is used only to determine the best placement for each puppy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Kimmie Bogan | kmibog1@gmail.com  
502 Jackson Pl, Lowell, AR | 479-305-8902