



Client Questionnaire

Contact Information

First Name: _____ Last Name: _____

Address Street 1: _____

Address Street 2: _____

City: _____ State: _____ Zip Code: _____

Your Age: _____ Date of Birth: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Best time to call you: _____ AM PM

Property Information

Home Type: Single Family Apartment Mobile Home

Other: _____

Property Type: Open Land Wooded Land Average Yard

Other: _____

Property Area: Less Than Acre 1 - 5 Acres 5 Or More Acres

Do you have a fenced in yard? Yes No

Other Information Comments: _____

Buyer's Signature: _____ Date: _____

Please print, sign and forward to us by scanning and E-mailing or mailing the document to:

11350 North West Cain Road., Clarksville, Florida 32430
Ph. 850-674-3079 E-mail: information@chamberlandkennels.com