

Pet Business & Service Evaluation Form – Breeder

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? __FB__ Tw__Other:
Days / hours of operation: M_____ T_____ W_____ TH_____ F_____ Sa_____ Su_____	
When is payment for services due?	
Are payment options available?	
Is location and parking convenient?	
Is the facility clean, comfortable and well-organized?	
Are appointments required?	
Does the business have letters of recommendation from current/previous clients? (provide copy)	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services	
Does the breeder have any other specialties? (ie: TTouch, Holistic Remedies, other training, etc)	

Are kennels clean, free of debris and strong odors?
Are parents/puppies allowed outside for time to play and exercise?
Are parents & puppies vaccinated? What vaccines are provided?
Are puppies eager to socialize, energetic and seem happy?
Describe overall health of parents and puppies (eyes, ears, coat, nails, etc)
Describe adoption process: Are home visits made? Is there a return policy?

Evaluation completed by (print name)

Title (job title pertaining to AACOC)

Overall Impression (1 being poor, 5 being excellent)

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5