

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?	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services including letters of recommendation	
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?
At what age are puppies allowed to go to their new families?
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 TAILS411)

Overall Impression (1 being poor, 5 being excellent)

_____1_____2_____3_____4_____5