Australian Labradoodle Adoption Application

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nearest MAJOR Airport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following as your preference for the ideal Australian Labradoodle addition to your family. Our waiting list is developed in the order of receipt of applications and non- refundable deposit of $500.00, which is applied to the purchase price of the puppy.

1. Gender preferred: Male \_\_ Female \_\_ Either \_\_
2. Color: (Number in order of color Preference — 1 thru 5) Mark "0" to exclude any color.

Black \_\_ Chocolate \_\_ Red/Apricot \_\_ White \_\_ Cream \_\_

1. Coat Preference: Fleece: Curly \_\_ Wavy \_\_
2. Preferred date for receiving your Australian Labradoodle: \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you or your family members have dog related allergies or asthma? Yes \_\_ No \_\_
4. Does your household have children? \_\_\_\_\_\_\_\_\_\_ If so, age and name(s):

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

1. Will your puppy be:
	1. Living inside the home? \_\_\_\_
	2. Kept in a Kennel? \_\_\_\_
2. Is your family's lifestyle: Active \_\_ Somewhat Active \_\_ Sedentary \_\_
3. Are any family members physically impaired? \_\_\_\_\_\_\_ If so, will puppy be trained for service? \_\_\_\_\_\_\_

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

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