



Puppy Adoption Questionnaire

Name: _____

Lifestyle: Very Active

Phone number: _____

Somewhat Active

Email Address: _____

Rarely Active

Preferred Gender: Female Male Either

How many hours a day will the dog be left home alone? 8+ hours

Preferred Color: Black Chocolate

5-8 hours

(Please note color is not guaranteed. Lab genetics are complicated!)

2-5 hours

Less than 2 hours

Do you need a non-shedding, hypo-allergic dog? Yes No

Will this be your first dog? Yes No

Plan to have this dog for:

If no, what other breeds have you owned?

Service dog work

Do you have other pets at home? If yes, please describe below.

Therapy dog work

Facility dog work

Agility

Obedience

Do you have any children? If yes, please share ages:

Family Dog

Companion

Preferred personality traits: Assertive

Have you ever rehomed, returned, or given a pet to a rescue? If yes, please describe situation:

Confident

Reserved

Unsure

Help me find the right fit



Why have you chosen a Labrador retriever?

Have you chosen a vet/clinic?

Please tell me anything else about what you are looking for and wanting from your new dog:

Reference Name:

Reference Phone number:

Reference Email:

If you are looking for a service, facility, or therapy dog? Please explain what services you are expecting from your dog, the type of facility the dog will be working in:

Reference Name:

Reference Phone number:

Reference Email: