

**The Noble Doodle Pet Puppy Application**

**Primary Applicant Name:** \_\_\_\_\_

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

\_\_\_\_\_

Applicant Occupation: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Co-Applicant Occupation: \_\_\_\_\_

Co-Applicant Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**How did you hear about The Noble Doodle?** \_\_\_\_\_

If the answer is the internet or referral, please specify the website or family: \_\_\_\_\_

What size Labradoodle are you looking for (height and/or mature weight)? Min: \_\_\_\_\_ Max: \_\_\_\_\_

Do you prefer a male or female or either? Why? \_\_\_\_\_

Do you have a color preference? \_\_\_\_\_

Do you have a preference on coat type? Why? \_\_\_\_\_

Please list categories you are flexible on (size, gender, or color)? \_\_\_\_\_

**How many people are in the family home where puppy will live?** \_\_\_\_\_

Does anyone in the home have allergies or asthma? \_\_\_\_\_

If yes, how severe? \_\_\_\_\_ Are they dog-related? \_\_\_\_\_

Do you have children? \_\_\_\_\_ What are their ages and genders? \_\_\_\_\_

Are there any other pets in the home? What kind? \_\_\_\_\_

If there is another dog, please list the breed, age and gender: \_\_\_\_\_

**Who will be the dog's primary caregiver?** \_\_\_\_\_

Will this be the applicant(s) first dog ever? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this the first dog that the applicant(s) have had together? Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of dogs have you had previously (growing up or as adults)? \_\_\_\_\_

**Do you have a fenced yard?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type: \_\_\_\_\_

If no, do you plan to get a fence installed? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your dog be kept outside alone for extended periods of time? Yes \_\_\_\_\_ No \_\_\_\_\_

**Will someone be home with Puppy during the day most days during the first few days at home?**

Yes \_\_\_\_\_ No \_\_\_\_\_

How and when will your dog get exercise? \_\_\_\_\_

If applicant(s) work outside the home, will the dog be alone during the workday? Yes \_\_\_\_\_ No \_\_\_\_\_

What hours? \_\_\_\_\_ Will the dog be crated all day during this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If all caregivers work outside the home, briefly explain the plan for puppy during workdays when puppy is young and can only hold his/her bladder for a limited amount of time AND your plan for puppy during the day as an adult:

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

**Do you plan to train your dog?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How?** Lessons with a trainer \_\_\_\_\_ Classes with a trainer \_\_\_\_\_ Self-train \_\_\_\_\_

Where will your dog sleep at night as a puppy? \_\_\_\_\_

Where will your dog sleep at night as a trustworthy adult? \_\_\_\_\_

**Will you be keeping the dog for its lifetime?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you agree to crate-train your dog** for ease in potty-training and to protect your puppy during the chewing stage?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you agree to spay/neuter your dog according to the Contract** and to provide proof of the procedure to The Noble Doodle?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you agree to refrain from using a prong, pinch, shock or e-collar** for behavior modification or boundary control?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you agree to share medical or health issues and/or temperament concerns with The Noble Doodle** to facilitate appropriate breeding choices in the future?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you aware of the cost of caring for this puppy** including puppy vaccinations, spaying/neutering, heartworm prevention medication, professional grooming, high quality food and treats, crate, toys, and other supplies?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you aware of the amount of time, effort, energy, and expense required to raise a puppy into a healthy, happy, well-adjusted, well-behaved family companion?** (If not, we can help!)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Is there anything else you would like to share to help us find the right puppy for your unique situation?**

---

---

---

**Do you currently have a veterinarian?** Yes \_\_\_\_\_ No \_\_\_\_\_

Vet's name and practice name: \_\_\_\_\_

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

**What is the ideal timeframe you are hoping to add a puppy to your family (months/year)? Between X and Y of 20XX or As soon as possible, etc.**

---

**Is this timeframe flexible?** Yes \_\_\_\_\_ No \_\_\_\_\_

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_