Southern Cove Labradoodles, Adoption Application/Puppy Matching Form

At Southern Cove Labradoodles (SCL), we love our puppies and work tirelessly to find the best match between the puppy and new owner. For that reason, we ask that you complete this form so that we can begin to evaluate which of our puppies may be right for you.

CONTACT INFORMATION:

| 1. | Name: | | |
|------|--|--|--|
| 2. | Address: | | |
| 3. | Contact nur | Contact number: | |
| 4. | Email address: | | |
| 5. | How would you prefer we reach you (please check your preferences)? | | |
| | ☐ Phor | ne call | |
| | ☐ Text | message | |
| | ☐ Ema | il | |
| 6. | Best time to | reach you (please check your preferences)? | |
| | ☐ Mori | ning | |
| | ☐ Mido | lay | |
| | ☐ After | noon | |
| | ☐ Even | ing | |
| | | | |
| PUPP | Y PREFEREN | CES: | |
| 1. | 1. What size of SCL puppy are you hoping to adopt (please check all that apply)? | | |
| | Mini | (14-16 inches tall, 15-25 pounds) | |
| | ☐ Med | ium (17-20 inches, 25-45 pounds) | |
| | ☐ Stan | dard (21-24+ inches, 45-65+ pounds) | |

| 2. | What | color SCL puppy are you hoping to adopt (please check all that apply)? |
|----|---------|--|
| | | Cream |
| | | Caramel |
| | | Chocolate |
| | | White |
| | | Black |
| | | Red |
| | | Apricot |
| | | Parti (White and one other color) |
| 3. | What | gender SCL puppy are you hoping to adopt (please check one)? |
| | | Female |
| | | Male |
| | | Either |
| 4. | What | type of temperament are you hoping for in an SCL puppy (please check one)? |
| | | Active |
| | | Moderately active |
| | | Quiet |
| 5. | Consid | dering these four factors—size, color, gender, and temperament—please rank |
| | them i | In order of importance to you $(1 = most important to 4 = least important)$. |
| | | Size |
| | | Color |
| | | Gender |
| | | Temperament |
| 6. | Is then | re a particular SCL puppy that you are interested in (please refer to the name |
| | and lit | ter theme)? |
| | | |

| /. | . If you live within one hour of Winter Haven, Florida, are you interested in being a | | |
|------|---|--|--|
| | guardian? | | |
| | | Yes | |
| | | No | |
| | П | Possibly; I would like more information | |
| | | Fossibly, I would like more information | |
| | | | |
| NVIF | RONME | NT ASSESSMENT: | |
| 1. | . How many people are in your home? | | |
| 2. | Do you | a have any children? If so, how many and what are their ages? | |
| | | | |
| 3. | Is you | r home | |
| | | Laid back/relaxed | |
| | | Moderately active | |
| | | Highly active | |
| 4. | Do you | ı live in a | |
| | | House | |
| | | Apartment | |
| | | Condo | |
| 5. | If you | live in a house, is the yard fully fenced? | |
| | | Yes | |
| | | No | |
| 6. | Do you | a plan for your SCL to be primarily an indoor dog or outside dog? | |
| | | Indoor | |
| | | Outdoor | |
| 7. | Do you | a currently have any pets in your home, and/or do you expect to adopt | |
| | additio | onal pets beyond an SCL puppy (please provide details—breed, gender, age)? | |

| 8. Are you able to commit to providing your SCL puppy with behavioral traini | | ou able to commit to providing your SCL puppy with behavioral training |
|--|---------|---|
| beginning at the time of adoption (8 to 9 weeks of age)? | | ning at the time of adoption (8 to 9 weeks of age)? |
| | | Yes |
| | | No |
| 9. | Will so | omeone be at home during the day? |
| | | Yes |
| | | No |
| 10. Is there an adult available in the home throughout the day for the first two | | |
| | adopti | on? |
| | | Yes |
| | | No |
| 11. | Once y | ou return to work, how many hours will your SCL puppy be home alone? |
| 40 | | |
| 12. | | you are at work, will your SCL puppy have full, partial access to your home |
| | | g the day, or be crated/penned? |
| | | Full access |
| | | Partial access |
| | | Crated or penned |
| 13. | No do | g is fully hypo-allergenic, although SCL puppies are very allergy friendly. Does |
| | anyon | e in your family have any canine allergies? |
| | | Yes |
| | | No |
| 14. | Do you | a plan for your SCL puppy to become a service/ therapy dog? |
| | | Service |
| | | Therapy |
| | | Neither |
| 15. | If your | ideal puppy is not available in the current litter, are you interested in waiting |
| | until a | subsequent Southern Cove Labradoodles litter? |
| | | Yes |
| | | No |

ADMINISTRATIVE QUESTIONS:

| 1. | Do you plan to pick up your puppy or have us deliver it (Please note that delivery fees are an additional cost based on distance and travel cost for one adult traveler | | |
|------|---|--|--|
| | | | |
| | with your puppy, and that SCL does not ship unattended puppies due to the | | |
| | potential for harm based on temperature and/or carrier delays)? | | |
| | ☐ Pick up puppy at SCL | | |
| | ☐ Have puppy delivered by an SCL representative | | |
| 2. | 2. Please provide your veterinarian's contact information here: | | |
| | | | |
| 3. | 3. How did you hear about Southern Cove Labradoodles? | | |
| | ☐ Facebook | | |
| | ☐ Instagram | | |
| | ☐ Google search | | |
| | ☐ Referral (if so, who, so we can thank them?) | | |
| | | | |
| | | | |
| AGRE | EMENTS: | | |
| 1. | This form is the first step of a two-step process. The second step to confirm a | | |
| | reserved place on our list is the receipt of a \$250 deposit/fee. This payment serves | | |
| | to reserve a place (a deposit), and as a consultation fee for SCL collaborating with | | |
| | me to find the best match. This deposit/fee is non-refundable unless SCL cannot | | |
| | provide me with a puppy. This deposit/fee is transferable to reserve a puppy for a | | |
| | different litter. This deposit will apply to the total cost of the puppy. My initials here | | |
| | acknowledge my understanding and acceptance of these terms: (initials) | | |
| 2. | I acknowledge that final payment is due no later than two weeks prior to pick | | |
| | up/delivery. My initials here acknowledge my understanding and acceptance of | | |
| | these terms: (initials) | | |
| 3. | I acknowledge that each litter is unique and SCL is unable to know a litter's number, | | |
| 5. | gender, color, size, or temperament distribution in advance. I acknowledge that SCL | | |
| | , , , , , | | |

| | reserves the right to refuse to sell a puppy to me at any time. I acknowledge that SCL |
|----|---|
| | will make puppy allocation decisions based primarily on temperament testing, and |
| | secondarily on the order in which deposits are received. My initials here |
| | acknowledge my understanding and acceptance of these terms: (initials) |
| 4. | I acknowledge that while SCL will collaborate diligently with me to meet my desires, |
| | SCL may recommend a puppy based on personality and lifestyle factors of my |
| | family. I acknowledge that if I am not satisfied with the puppy offered, I may defer to |
| | a different litter. I acknowledge that breeding dogs will be selected FIRST from each |
| | litter, so that SCL can further the diversity and quality of the Australian Labradoodle |
| | breed. My initials here acknowledge my understanding and acceptance of these |
| | terms: (initials) |
| 5. | I acknowledge that I will be purchasing a puppy that will not be bred. I acknowledge |
| | that I agree to have my puppy spayed or neutered no later than the nine-month |
| | birthday of the puppy. This is non-negotiable. My initials here acknowledge my |
| | understanding and acceptance of these terms: (initials) |
| 6. | My initials here acknowledge that I have been truthful to the best of my knowledge |
| | in completing this form: (initials) |
| | |

Once completed, please scan document and email to ${\color{red} \underline{southerncovelabradoodles@gmail.com}}$