



Australian Labradoodle Adoption Application

Name:	
Street:	
City:	
State:	
Zip Code:	
Phone:	
Cell Phone:	
Email:	
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 from 1 to 3 (1 being your highest preference and 3 being your lowest). Mark "0" to exclude any color.
Black ___ Chocolate ___ Red/Apricot ___
3. Coat Preference: Fleece: Curly ___ Wavy ___
4. Preferred date for receiving your Australian Labradoodle: _____
5. Do you or your family members have dog related allergies or asthma? Yes ___ No ___
6. Does your household have children? _____ If so, ages:

7. Will your puppy be:
 - a. Living inside the home? ___
 - b. Kept in a Kennel? ___
8. Is your family's lifestyle: Active ___ Somewhat Active ___ Sedentary ___
9. Are any family members physically impaired? _____ If so, will puppy be trained for service? _____

Signature: _____ Date: _____