

**North Country Australian Labradoodles
Puppy Adoption Application**

NAME _____

ADDRESS _____

STATE/PROVINCE _____

ZIP/POSTAL CODE _____

CELL PHONE _____

EVENING PHONE _____

EMAIL ADDRESS _____

DOES ANYONE IN YOUR FAMILY SUFFER FROM **DOG** RELATED ASTHMA OR ALLERGIES?

___ YES ___ NO

WHAT GENDER DO YOU PREFER ___ M ___ F

WHAT SIZE DO YOU PREFER?

___ MINIATURE (15-30 LBS) ___ MEDIUM (30-45 LBS) ___ STANDARD (45-60 LBS)

List color in order of **PREFERENCE** (1-5)

___ WHITE/CHALK

___ CREAM/GOLDEN/CARAMEL

___ CHOCOLATE/CAFE

___ APRICOT/RED

___ BLACK

WHAT COAT TYPE DO YOU PREFER?

___ FLEECE/CURLY ___ FLEECE/WAVY ___ WOOL/FLEECE

DOES YOUR FAMILY HAVE:

___ CHILDREN ___ ELDERLY ___ PHYSICALLY IMPAIRED?

IF YES ON CHILDREN, AGES _____

IS YOUR YARD FENCED?

___ YES ___ NO

IF NOT, HOW DO YOU PLAN TO CONFINE/PROTECT YOUR DOG?

HOW DO YOU PLAN TO CARE FOR YOUR PUPPY DURING THE DAY?

WHY ARE YOU INTERESTED IN A LABRADOODLE?

IS YOUR LIFESTYLE:

___ SEDENTARY ___ SOMEWHAT ACTIVE ___ ACTIVE?

WHEN WOULD YOU LIKE TO TAKE DELIVERY OF YOUR LABRADOODLE? _____

NAME OF NEAREST MAJOR AIRPORT:

First choice: _____

Second choice: _____

HOW DID YOU FIRST FIND OUT ABOUT NORTH COUNTRY?

ANYTHING ADDITIONAL YOU WOULD LIKE TO TELL US?
