Tarheel Labradoodles Puppy Application

Please answer all questions thoroughly. This application is used to identify the puppy that best suits your family. Once your application has been approved, a \$500 deposit fee to hold your placement on our waiting list. Your deposit will be applied to the adoption fee of your puppy, and is refundable after 12 months if we are unable to provide you with a puppy that meets your requirements.

Name/s:					
Address:					
City:		State:	Zip	D:	
		Cell:			
Occupation	n/s:				_
	ONE IN YOUR F	AMILY HAVE ALL			
DO ALL OF	YOUR FAMILY	MEMBERS WANT	A NEW PUPP	Y? Y N	
HAVE YOU (Y N		I YOUR FAMILY EV	/ER OWNED /	A DOG BEFORE	?
IF YES, WHA	AT BREEDS AN	D WHAT HAPPENI	ED TO THEM:		
		EXPERIENCE WITH Aoderate Experie		lo Experience:	
HAVE YOU I	RELIQUINSHE	D A DOG TO AN A	NIMAL SHELT	rer? Y N	
DO YOU HA	VE CHILDREN	? YES NO	AGES:		
IF YES, HAV	E THEY BEEN E	EXPOSED TO DOG	is? yes	NO	
		The Home? Y			
	VN OR RENT Y SIZE:	OUR HOME? OW	N RENT:		
DOES YOUF Dog Prefere		A FENCED YARD?	YES NO	D	
•		Femal	le:	Either:	_
COLOR:	•	Cream: Silver:			

COAT	TY	PF:
CO/ (L.

Hair Coat(Wavy/Flat): _____ Fleece (Borderline): _____ Wool(Curly): _____

DO YOU PREFER A COMPLETELY NON-SHEDDING DOG? _____ IS MINIMAL SHEDDING OK? _____

PUPPY INFO:

DO YOU PLAN ON OBEDIENCE TRAINING YOUR DOG OR TAKING HIM TO CLASSES? YES _____ NO _____ Explain: ______

WHERE WILL YOUR PUPPY BE KEPT DURING THE DAY? ______

IF YOU WORK, WILL YOUR PUPPY BE LEFT ALONE ALL DAY? YES	_ NO
Explain:	

IF YES, WILL YOUR PUPPY BE PROVIDED A MIDDAY POTTY BREAK AND PLAY TIME? YES ____ NO ____

WHERE WILL YOUR PUPPY SLEEP AT NIGHT?

GENERAL COMMITMENT:

WILL THE COST OF CARING FOR YOUR PUPPY FIT COMFORTABLY INTO YOUR BUDGET? YES ____ NO ____

ARE YOU COMMITED TO CARING FOR THIS DOG FOR HIS/HER LIFETIME? YES ____ NO ____

WILL YOU COMMIT TO BASIC OBEDIENCE TRAINING FOR YOU PUPPY? YES ____ NO ____

IF YOU ARE UNABLE TO CARE FOR YOUR DOG AT ANYPOINT DURING HIS/HER LIFE, DO YOU AGREE TO CONTACT US SO THAT WE MAY ASSIST IN RE-HOMING THE DOG? YES _____ NO ____

DO YOU AGREE TO PROVIDE YO	OUR DOG WITH	HALL NECESSARY VETERINA	RY CARE TO MAINTAIN YOU	R
DOG IN GOOD HEALTH? YES	NO			

REFERENCES: WHAT IS THE NAME OF YOUR VETERINARIAN OR CLINIC?

HAVE YOU USED THIS VET BEFORE? _____

MAY WE CONTACT THEM FOR A REFERENCE?

NAMES AND NUMBERS OF TWO UNRELATED, NON-FAMILY REFERENCES ARE REQUIRED:

I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY. I UNDERSTAND THAT IF ANY INTENTIONAL-LY FALSE STATEMENTS HAVE BEEN GIVEN, TARHEEL LABRADOODLE HAS THE RIGHT TO REFUSE TO SELL TO ME.

Signature: _____ Date: _____

Thank you, Tarheel Labradoodles 146 Fieldhaven Place Troutman, NC 28166 704.929.9735