

Australian Labradoodle Adoption Application

Name: _____
Street: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
Cell Phone: _____
Email Address: _____
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 — 1 thru 5) Mark "0" to exclude any color.
Black ___ Chocolate ___ Red/Apricot ___ White ___ Cream ___
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, age and name(s):

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: _____

Jenny Cranfill
Swing Gate Labradoodles
jenny@swinggatelabradoodles.com