

Australian Labradoodle Adoption Application

Name: _____

Street: _____

City: _____

State: _____

Zip Code _____

Phone: _____

Cell Phone: _____

Email Address: _____

Nearest MAJOR Airport (if delivery required) _____

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 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 the puppy be trained for service? ____

Signature: _____ Date _____

Melanie and Ashley
Weddington Labradoodles
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