

Tip of the Shore Labradoodles

Please answer thoughtfully the questions in the required application that you will complete and mail to:

TIP OF THE SHORE LABRADOODLES

PO BOX 1431

DUXBURY, MA 02332

Much time will be spent considering the puppy that is right for you contingent on the information that you provide.

NAME:

ADDRESS:

HOME PHONE:

CELL PHONE:

E-MAIL ADDRESS:

HAVE YOU EVER OWNED A DOG?:

IF SO, WHEN AND WHAT TYPE OF DOG(S)?:

**DOES EVERYONE WHO RESIDES
IN YOUR HOME WANT A LABRADOODLE?:**

**WHAT SIZE AUSTRALIAN LABRADOODLE
ARE YOU INTERESTED IN:**

MINIATURE
(15-30lbs)

MEDIUM
(30-45lbs)

STANDARD
(45-60lbs)

DO YOU HAVE A GENDER PREFERENCE?:

MALE

FEMALE

NO PREFERENCE

DO YOU HAVE A PREFERENCE IN DESIRED COLOR?:

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

ARE THERE CHILDREN IN YOUR HOUSEHOLD?:

IF SO, WHAT ARE THEIR AGES?:

**ARE THERE ANY OTHER ANIMALS THAT
SHARE YOUR HOME?:**

DO YOU OWN YOUR OWN HOME?:

IS YOUR YARD FENCED? IF NO, WHAT IS YOUR PLAN TO KEEP YOUR DOG SAFE WHEN OUTDOORS?:

DO YOU PLAN TO CRATE TRAIN YOUR DOG?:

HOW MANY HOURS DURING THE DAY WILL YOUR DOG BE LEFT ALONE?:

WHAT WORD BEST DESCRIBES YOUR LIFESTYLE?:

QUIET

SOMEWHAT ACTIVE

ACTIVE

DO YOU PLAN ON TAKING YOUR PUPPY FOR OBEDIENCE TRAINING?:

IF SO, DO YOU HAVE A CHOSEN METHOD OF TRAINING? (ie. FOOD BASED, CLICKER COLLAR, POSITIVE DISCIPLINE, ETC.):

SIGNATURE: _____ DATE: / / _____

THANK YOU FOR TAKING THE TIME TO FILL OUT THIS REQUIRED ADOPTION APPLICATION.