



~Spring Creek Labradoodles & Goldendoodles~

PUPPY APPLICATION FORM

Please answer all questions thoroughly. We will use this application to identify the puppy that best suits your family’s needs and desires. Once your application has been approved, you will be asked to submit a \$250 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 one that meets your requirements. If you choose to send a deposit now, please make check out to Rochelle Sundholm. Checks made to Spring Creek cannot be accepted and will be returned.

NAME/S: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CELL: _____ FAX: _____
 EMAIL: _____
 OCCUPATION/S: _____
 SIGNATURE: _____ DATE: _____
 SIGNATURE: _____ DATE: _____

DOG PREFERENCES

BREED: Labradoodle: _____ Goldendoodle: _____ Either: _____

GENDER: MALE: _____ FEMALE: _____ EITHER: _____
 IF YOU ARE SET ON ONLY ONE GENDER, IT COULD MEAN A LONGER WAIT FOR A PUPPY.

GENERATION: FIRST GENERATION: _____ F1B: _____ MULTI-GEN: _____

COLOR: APRICOT: _____ CREAM: _____ RED: _____ CHOCOLATE: _____
 BLACK: _____ SILVER: _____
 IF YOU ARE OPEN TO AT LEAST TWO COLORS, YOU MAY RECEIVE YOUR PUPPY SOONER.

COAT TYPE:
 HAIR COAT (WAVY/FLAT): _____ FLEECE (BORDERLINE): _____ WOOL (CURLY): _____
 FOR FAMILIES WITH ALLERGIES, THE COAT TYPES WE RECOMMEND ARE FLEECE OR WOOL.

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

SIZE:
 MINIATURE (15" – 17"): _____ MEDIUM (18" – 21"): _____ STANDARD (22" +): _____

DO YOU WANT TO RESERVE A PUPPY FROM A SPECIFIC LITTER?: _____

FAMILY INFO

DOES ANYONE IN YOUR FAMILY HAVE ALLERGIES OR ASTHMA? Yes _____ No _____

Explain: _____

DO ALL YOUR FAMILY MEMBERS WANT A NEW PUPPY? Yes _____ No _____

HAS YOU OR ANYONE IN YOUR FAMILY EVER OWNED A DOG BEFORE? Yes _____ No _____

IF YES, WHAT BREEDS AND WHAT HAPPENED TO THEM: _____

WHAT IS YOUR LEVEL OF EXPERIENCE WITH DOGS?

Very experienced _____ Moderate experience _____ No experience _____

HAVE YOU EVER RELINQUISHED A DOG TO AN ANIMAL SHELTER? Yes _____ No _____

DO YOU HAVE CHILDREN? Yes _____ No _____ AGES: _____

IF YES, HAVE THEY BEEN EXPOSED TO DOGS? Yes _____ No _____

DO YOU WORK OUTSIDE THE HOME? Yes _____ No _____ FULL TIME or PART TIME? _____

WHAT SORT OF LIFESTYLE DO YOU LEAD: Active _____ Semi-Active _____ Sedentary _____

Explain: _____

DO YOU OWN ANY OTHER ANIMALS? Yes _____ No _____

Explain: _____

DO YOU OWN OR RENT YOUR HOME? Own _____ Rent _____ PROPERTY SIZE: _____

Explain: _____

DOES YOUR HOME HAVE A FENCED YARD? Yes _____ No _____

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

ARE YOU AWARE OF THE TIME AND ENERGY NEEDED TO CARE FOR A YOUNG PUPPY, AND ARE YOU WILLING AND ABLE TO ACCEPT THAT RESPONSIBILITY? Yes _____ No _____

WILL THE COST OF CARING FOR YOUR PUPPY FIT COMFORTABLY INTO YOUR BUDGET? Yes _____ No _____

ARE YOU COMMITTED TO CARING FOR THIS DOG FOR HIS/HER LIFETIME? Yes _____ No _____

WILL YOU COMMIT TO BASIC OBEDIENCE TRAINING FOR YOUR PUPPY? Yes _____ No _____

IF YOU ARE UNABLE TO CARE FOR YOUR DOG AT ANY POINT 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 YOUR DOG WITH ALL NECESSARY VETERINARY CARE TO MAINTAIN YOUR DOG IN GOOD HEALTH? Yes _____ No _____

DO YOU UNDERSTAND THAT SHOULD YOU DECIDE YOU ARE NO LONGER INTERESTED IN A PUPPY BEFORE ONE IS PLACED WITH YOU, THAT YOU WILL FOREGO YOUR DEPOSIT WITH US? Yes _____ No _____

REFERENCES

WHAT IS THE NAME OF YOUR VETERINARIAN OR CLINIC? _____

HAVE YOU USED THIS VET BEFORE? Yes _____ No _____

MAY WE CONTACT THEM FOR A REFERENCE? Yes _____ No _____

NAMES & #'S OF TWO UNRELATED, NON-FAMILY REFERENCES ARE REQUIRED:

I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY. I UNDERSTAND THAT IF ANY INTENTIONALLY FALSE STATEMENTS HAVE BEEN GIVEN, SPRING CREEK HAS THE RIGHT TO REFUSE TO SELL TO ME.

SIGNATURE: _____ DATE: _____

THANK YOU!

Spring Creek Labradoodles ♦ P.O. Box 565 ♦ Pleasant Hill, OR 97455 ♦ U.S.A.