



Puppy Application

Please answer all questions thoroughly and please read our process for assessing and “matching” puppies and families. Please also review our website thoroughly before emailing with questions. Once your application has been approved, you will be asked to submit a \$500 deposit fee to hold your placement on our reservation list. Your deposit will be applied to the adoption fee of your puppy, and is ONLY refundable if we are unable to provide you with a puppy that meets your requirements within 6 months of when the deposit was paid. Please do not ask us to hold a puppy reservation for you unless you are committed and understand the deposit will not be refunded if you simply change your mind. Think through your decision carefully before proceeding with the application process. If you choose to send a deposit now, you may send by check to: **Spring Creek Labradoodles, PO Box 565, Pleasant Hill, OR 97455** ~OR PAYPAL DEPOSIT TO~ springcreeklabradoodles@gmail.com You may also fax application to 1-541-871-7068.

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

OCCUPATION/S (required): _____

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? _____

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

Explain: _____

DOG PREFERENCES

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

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

COAT TYPE:
HAIR COAT (will shed varying degrees): _____ FLEECE _____ WOOL _____
FOR FAMILIES WITH ALLERGIES, THE COAT TYPES WE RECOMMEND ARE FLEECE/WOOL. COAT DESCRIPTIONS ARE ON WEBSITE.

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

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 _____

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

DO YOU OWN ANY OTHER ANIMALS? Yes _____ No _____

Explain: _____

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

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

PUPPY INFO

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

Explain: _____

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 _____

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 _____

ADDITIONAL INFO YOU'D LIKE TO SHARE:

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.

I HAVE READ THE INFORMATION ON THE WEBSITE REGARDING TEMPERAMENT ASSESSMENTS AND "MATCHING" AND REVIEWED THE PROCESS FOR ADOPTING A PUPPY.

BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT THE DEPOSIT WILL ONLY BE REFUNDED SHOULD SPRING CREEK BE UNABLE TO PROVIDE A PUPPY WITH THE SPECIFIC CRITERIA DESIRED WITHIN 6 MONTHS OF WHEN THE DEPOSIT WAS PAID.

SIGNATURE: _____ DATE: _____

THANK YOU!

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