

# SPRING CREEK LABRADOODLES

*Where puppy dreams come true!*

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[www.springcreeklabradoodles.com](http://www.springcreeklabradoodles.com)

It is important that we assist our families in ending up with the perfect puppy for everything they are wishing for and wanting in a dog. We look forward to working with you to end up with the perfect puppy!

Please answer all questions thoroughly. We will review your application and make sure we fully understand what you are looking for, and then you will be required to submit a deposit of \$500.00 to secure a reservation of a puppy from the litter you are interested in and that suits what you are looking for. The deposit is only refundable, if we are unable to provide you what you were hoping for within 6 months from the application submission date.

Deposits may be made through Paypal to [springcreeklabradoodles@gmail.com](mailto:springcreeklabradoodles@gmail.com), or a check send to: Spring Creek Labradoodles, PO Box 565, Pleasant Hill, OR 97455.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

\*If married please provide both names and occupations.

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: \_\_\_\_\_

COLOR: APRICOT: \_\_\_\_\_ CREAM: \_\_\_\_\_ RED: \_\_\_\_\_ CHOCOLATE: \_\_\_\_\_ BLACK: \_\_\_\_\_

### 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**

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 \_\_\_\_\_

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**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? \_\_\_\_\_

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**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 \_\_\_\_\_

**ADDITIONAL INFO YOU'D LIKE TO SHARE:**

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**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:

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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!***

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