Australian Labradoodle Adoption Application

Name:	
Street:	
City:	
State:	
Zip Code:	
Phone:	
Cell Phone:	
Email Address:	
Nearest MAJOR Airport:	
Please complete the following as your preference for the ideal Australian Labradoo to your family. Our waiting list is developed in the order of receipt of applications a 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 color Preference — 1 thru 5) Mark "0" to exclud 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 _ 6. Does your household have children? If so, age and name(s):	and non- de any color.
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	
Are any family members physically impaired? If so, will puppy be t service?	trained for
Signature: Date:	
Jenny Blume	
Swing Gate Labradoodles	
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