



SIERRA VISTA LABRADOODLES

Puppy Application

Thank you for your interest in a Sierra Vista Labradoodle. The purpose of this application is to insure the best Owner/puppy match as possible. To best achieve this we ask you to be as complete as possible in your responses. In order to reserve a puppy, this completed application form must be received along with a non-refundable deposit of \$250.00 payable by Cashier's check or Money order to: Gen McGarvey. This deposit will be applied to the total purchase price of the puppy. An application received without a deposit will not reserve a puppy. We reserve the right to decline any application. If your application is declined you will receive a full refund of your deposit.

Name _____					
Address _____					
City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State <input type="checkbox"/>	Zip Code _____
Home Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Phone _____	
Email _____					

1. Why are you interested in a labradoodle? _____

2. Is your labradoodle to be a family companion or breeding dog? _____

3. Would you prefer a Male, a Female or Either. Why? _____

4. Do you have a color preference? If so, which? _____

5. Do you prefer a Wool or Fleece coat? Why? _____

6. Does anyone in your family have allergies to dogs? _____

7. Are there children in your family? What ages? _____

8. Will this be the first dog for your family? _____

9. If not, what dogs do or have you owned? _____

10. Do you own or rent your house, apartment, condo, other? _____

11. Do you have a fenced yard? If not, how do you plan to confine/protect your dog?

12. Do you intend to crate train your puppy? _____

13. Where will the puppy be kept during the day? _____

14. If you work, will the puppy be alone all day? Yes No _____

15. If yes, will he/she be taken out for a mid-day break and play time? Yes No

16. Owning a dog requires an investment of time, energy and money. Are you willing and able to accept that responsibility? Yes No _____

17. What is the name of the veterinarian or clinic you will be using for the puppy?

Name _____

Phone _____

18. Have you used this vet before? Yes No _____

19. May we contact them for a reference? Yes No _____

20. We request that a dog be returned to us, at any point in time, should you find yourself unable to care for it. Are you willing to agree to this? Yes No _____

21. How did you learn about us? _____

8. Signature _____ Date _____

When complete, mail this form to:
Puppy Application, Sierra Vista Labradoodles, 5127 Cowell Blvd., Davis, CA 95616

Office use only...
Date application rec'd
Deposit rec'd
Application approved
Puppy Name
Litter