LuLu Ridge Pups

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Adopter Names

First:		Last:				
First:		_ Last:				
Contact Information Address:						
City:	State:	Zip	Code:			
Phone Number:	E-mail:					
Applying for: Male (Color: Yellow	·	emale (only) Chocolate				
How many people are in your household? List the names, relationship, and ages of the members of the household:						
What is your occupati	on?					

Are there any other pe		yes	no	
List the types and bree				
Have you owned a dog	g before?	yes	no	
Do you have experien	ce with Labrador R	etrievers?	yes	no
Do you plan to enroll	<i>If n</i> in a doggy obedien		yes	no
What is your style and	l philosophy on tra	ining?		
What is your plan to r training, and exercise				
How many hours a da	y would be spent w	rith dog?		
If crating, how many	hours would dog sp	end in crate	a day?	
Will dog live:	Inside	Outsi	de	Both
Do you have a fenced	-in yard?	yes		no
Do you have a large years Specify how big: _	ard or acreage?	yes		
Do you currently bree	d dogs or other ani	mals?	yes	no
Are you planning to b	reed this dog?		yes	no
Are you planning to g	et this dog neutered	d/spayed?	yes	no
Will this dog be used to Number one reason for				
	9			

Questions, comments and other pertinent information:					
		_			
References					
Previous or current veterinarian name ar	nd phone number:				
Name:		-			
Address:		_			
Phone Number:		_			
List 2 personal references:					
Name:	Relationship:				
Phone Number:					
Name:	Relationship:				
Phone Number:					
Applicant's Signature:	Date:				