



AussiedoodleLove

420 NE Sovereign Ave., Grants Pass, Oregon 97526 541.660.2695 <https://aussiedoodlelove.com>

Puppy Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Profession: _____

Full/Part-time/Retired: _____

Is this your first time raising an aussiedoodle puppy? _____

Preferred size? _____

Preferred sex? _____

Preferred color? _____

Preferred temperament? _____

How often will you be able to exercise your puppy? _____

Do You Own or Rent Your Home? _____

Do you have permission from your landlord for pets? _____

Fenced yard? _____

Current pets with age and gender:

Current Family Members with Age & Gender:



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Will This Aussiedoodle Be an Inside or Outside Pet? _____

Have You Previously Ever Trained a Puppy? _____

Do You Plan on Doing Obedience Classes? _____

Are You Picking the Puppy Up in Person or Will You Require Shipping? _____

If Shipping, Where is the Nearest Airport? _____

When Will You Be Ready for Your New Puppy? _____

Describe Your Dream Dog? _____

Do You, or Anyone Living With You, Have Allergies? _____

Are You Willing to Spay or Neuter Your Puppy by Twelve Months of Age? _____

Are You Considering Breeding or Becoming a Breeder? _____

Do You Agree to Send Follow-up Photos and Remain in Touch with Your Puppy's Breeder? _____

Are You Willing to Have Your Dog Regularly Groomed? _____

Are You Willing to Take Care of His/her Ears and Keep Them Clean and Free of Hair and Debris? _____

Are You Willing to Provide a Testimonial/Referral for Our Website for Others to view? _____

Is it Ok for Us to Post Any Photos of You and Your Puppy on our Website and Facebook Page? _____

Are You Interested in an Older Puppy? _____

Do You Agree If You Ever Have to Rehome Your Puppy We Must Be Contacted First and Given the Right to Locate a Proper New Home for the Puppy? No Refund Will Be Provided to Rehome Your Puppy? _____

Do You Agree to Take Your Puppy to Your Local Licensed Veterinarian (Vet) Within Two Weeks of Pick-up in Order to Continue Vaccinations and to Have A Vet Checkup? _____

Signature: _____ Printed Name: _____

Date: _____