



Alpine Labradoodles Adoption Form

* Name: _____

* Address: _____

* City: _____

* Province/State: _____

* Country: _____

*Postal Code/Zip: _____

*Phone Home: Phone Cell: _____

*E-Mail: _____

*International Airport: _____

* What is your occupation? _____

* Do you have a fenced yard? Yes: No:

* How many children living at home? _____ What ages? _____

* Does anyone have allergies? No: Yes:
What kind?

* Does your family have other pets? No: Yes:
What kinds?

* Have you ever raised a puppy? Yes: No:

Preferences

* Will your Labradoodle be a: Family Dog: or Breeding Dog: Yes: No:

* What sex would you prefer? No Preference: Male: Female:

We request that if at anytime you find you are unable to care for your Labradoodle that you return them to us. Returned dogs will not be re-sold. We will either keep them in our home or place them with another family.

* Will you agree to this policy? Yes: No:

Puppies are pedigreed and tattooed.

All puppies come with a 2 year guarantee against genetic diseases. They receive age appropriate vaccinations, deworming, and health certificate.

We desex all family pet puppies and microchip or tattoo every puppy.

How did you find us?

Additional comments and/or questions:

Print this page and mail to:

Cheques payable to:

Brig Cadosch

c/o Alpine Labradoodles

470 S. Nursery Rd

Grand Forks, British Columbia

Canada

V0H 1H9

Toll Free: 1-877-442-3111 (Pacific Standard)

Phone: 250-442-3113