



# ADOPTION APPLICATION

1712 Elm Street  
Mount Pleasant, Michigan 48858  
(989) 621-1155 • info@cmlrn.com  
www.cmlrn.com

---

## Adoptor Information

Name: \_\_\_\_\_

Street Address:: \_\_\_\_\_

City, State/Country, Postal Code: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_ eMail: \_\_\_\_\_

## Preferences

- My first choice is:  black  yellow  chocolate  M  F  
My second choice is:  black  yellow  chocolate  M  F  
Dog Interested In: \_\_\_\_\_  
ID #: \_\_\_\_\_
- Size of adult labrador preferred:  bigger  smaller  average  doesn't matter
- my color / sex preference is very strong  
 the color / sex of the dog are unimportant to me, I just want a healthy, loving pet
- The puppy/dog will be used for:  
 Pet  Hunting  Obedience  
 Other (ex. agility and companion for running after it is 2 years old and HD/ED cleared): \_\_\_\_\_

## Family

- Name of Spouse/Companion: \_\_\_\_\_
- Names and Ages of Children: \_\_\_\_\_
- Is there anyone else who will be living with the dog? \_\_\_\_\_

## Pet Ownership Experience

- Have you previously owned a dog?  Yes  No
- Have you previously owned this breed?  Yes  No
- If yes, please provide the following for each dog you have owned (attach list if necessary):  
Breed (or prevalent breed, if mixed): \_\_\_\_\_  
How obtained (purchased, found, given as a gift, adopted, etc.): \_\_\_\_\_  
Age when obtained: \_\_\_\_\_  
What happened to the dog (sold, given to others, lost, died (include cause of death): \_\_\_\_\_
- What animals do you currently own?
- Which of the following reasons best fit the primary reason(s) you would like to have a dog? If you mark more than one please put a 1 by the most important and a 2 by the next most important, etc.  
 for spouse  attack/protection  for the children  hunting dog  
 companion  for other pet  guard dog  obedience showing  
 tracking  agility  flyball  other: \_\_\_\_\_
- What specifically attracted you to this breed? How did you become interested in owning one?

## Facilities And Care

16. a) Your occupation: b) Work Schedule:  
c) Typical hours per week: d) Occupation of Spouse/Companion:  
e) How many hours per day would the dog be left alone?
17. Who will be the primary caretaker of the dog?
18. Do you own your own home?  Yes  No  
If not, landlords name, address and phone number for approval:
19. The dog would spend most of its time:
20. The dog's sleeping quarters would be:
21. Description of outdoor space for dog: (Bold the ones that apply)
- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Fenced Yard (give type) | <input type="checkbox"/> Unfenced Yard         | <input type="checkbox"/> Open Fields |
| <input type="checkbox"/> Kennel run              | <input type="checkbox"/> Garage                | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Parks nearby            | <input type="checkbox"/> Walking trails nearby |                                      |
22. Would you allow CMLR or a representative come to visit you for a home visit?  Yes  No
23. How will your dog be transported?
24. How will you exercise your dog?

## Additional Information

25. When you travel would you normally travel with the dog?
26. What arrangements would you make for the care of the dog when it is unable to go with you?
27. Is anyone in your family allergic to dogs or dog hair?  Yes  No
28. Please consider what you would do with your dog if any of the following situations were to happen to you:  
 Divorce       Move       New baby in the home       Loss of job or serious illness
29. If you are adopting a puppy under 6 months of age, will you sign a spay/neuter agreement?  Yes  No
30. Are you willing to sign a contract authorizing me to seize the dog if you provide me with false information or do not care for it properly, and requiring you to return the dog to me if you are no longer able to care for it properly?  Yes  No
31. CMLR has specific nutritional interests in mind for our dogs. If you currently have a dog, what kind of food are you feeding?  
  
If you do not own a dog, have you given any thought to what kind of food you will feed your new puppy or would you feed what we recommend?
32. How did you find out about Central Michigan Labrador Rescue Network?
33. Veterinarian name, address and phone: (Please contact your vet and ask permission for me to make a reference call.)
34. Two Personal References - Name, phone, relationship:

I, \_\_\_\_\_, do solemnly swear that all of the above written information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date