



“LABRADOR NEEDING PLACEMENT” APPLICATION

Required Fee: \$45.00 spayed/neutered or \$65.00 intact

1. Please attach a recent photograph of the dog.
2. Dog's name: _____ Sex: _____ Age: _____ ID Tag _____
Spayed or neutered (Proof required): _____ Date of Birth (if known): _____
3. Coat color: Black _____ Chocolate _____ Yellow _____ Weight: _____ lbs.
Distinguishing Marks: _____
4. How long have you owned this dog? _____
5. Is this dog a purebred Labrador? _____ AKC Registered? _____ AKC Number: _____
6. Have you contacted the breeder concerning placing the dog? _____
7. Reason for placing: _____
8. Describe Temperament: _____
9. Is the dog housebroken? _____ Where does the dog stay during the day? _____
At night? _____
10. Describe the dog's behavior with children under 5 YEARS: _____
Over 5 Years: _____
11. Has this dog ever snapped at, bitten or attacked an adult person or child? _____
If yes, explain the circumstances: _____
12. Describe the dog's behavior towards other animals:
Dogs: _____
Cats: _____
Other animals: _____
13. Has this dog ever snapped at, bitten or attached another dog or a cat? _____
If yes, explain the circumstances: _____
14. Describe any training this dog has had (obedience, field, etc): _____
15. Is the dog crate-trained? _____ If you still use the crate, when and how long do you usually crate the dog?

16. Will the dog come when called? _____ Walk on leash without pulling? _____

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17. What commands does the dog know? Sit ___ Stay ___ Down ___ Heel ___ Fetch ___
Other _____
18. How do you discipline this dog when it needs correction? _____

19. Does your dog:
Like to ride in cars? _____ Any car sickness? _____
Like to swim? _____ Attempt to escape? _____
Dig? _____ Jump fences? _____ How high? _____
Jump on people? _____ Chew non-dog items? _____ What: _____
Bark when excited? _____ Bark at strangers? _____ Bark or whine when left alone? _____
Show any signs of possessiveness toward food or toys? _____ Guard territory? _____
Prefer one gender or human over the other? _____ If so, which one? _____
Have any phobias (I.E., loud noises, separation anxiety, fear of certain objects, etc.)? _____
Show any sensitivity toward being touched anywhere on its body? _____
If so, on what part(s)? _____

MEDICAL HISTORY AND VACCINATIONS:

20. Date of last vaccinations: _____
21. DHLPP _____ Bordatella _____ Rabies _____
22. **Rabies Certificate Required. Please attach a copy of the dog's vaccination record.
Application will not be accepted without it.**
23. Date of last heartworm test: _____ Is this dog currently taking heartworm preventative
medication? _____ Which one? _____
24. List any health problems, past or present: _____

25. List ongoing medical condition (i.e., allergies, epilepsy, hypothyroidism, hip dysphasia,
arthritis) for which the dog is currently being treated: _____
26. Is the dog tattooed or microchipped? _____
If so, what are the registration numbers? _____
27. Please include any other information which would be helpful to the dog's new owners: _____

For LRRF Use Only

- Name Of Evaluator _____ Date _____
- LRRF Dog Number _____ LRRF I D Tag Number _____
- Are you placing this dog in a foster home? ___ Who is fostering? _____
- Vet Records Received (initial) _____ and are in hand, if not why? _____
- Fee Paid For Surrender _____ Fee Waived _____ Amount Paid _____
- Check # _____ Cash _____
- If owner is keeping until placed who is contact? _____

Labrador Retriever Rescue of Fresno

Terms and Conditions for Placement

TO BE READ AND SIGNED BY THE OWNER(S) WISHING TO PLACE THE ABOVE NAMED DOG.

It is understood the owner does not relinquish ownership until the dog is placed.

I/We certify that I/we are the legal owner(s) or the duly appointed agent(s) or guardian(s) or Foster caregiver(s) of the above described dog, and hereby affirm, acknowledge and represent that ALL information contained in this agreement is true and correct to my/our best knowledge and belief.

I/We certify that to the best of our knowledge, the above described dog is a pure-bred Labrador Retriever. Should any of the information set forth in this application be discovered to be false, untrue or misleading in any respect, at any time, LRRF, Inc., shall be the right to:

1. Rescind the Agreement and require owner to take the dog immediately into his/her/their possession and/or,
2. Require owner to pay all costs incurred in the care, kenneling, placement or disposition of this dog.

Should any of the information set forth in this agreement be discovered to be false, untrue or misleading in any respect, at any time, then in addition to the above remedies, owner agrees to indemnify and hold harmless LRRF, Inc., by, from and against any and all claims, suits, damages, liabilities and costs (including any and all attorney's fees) related to or in any manner connected with the dog.

I/We give LRRF, Inc., the right or access to any and all previous medical records regarding this dog and authorize prior veterinarians to release all records to LRRF, Inc.

I/We attest that the information listed is true and correct and I/we release and indemnify LRRF, Inc., from any responsibility for any false information provided herein regarding the above described dog.

I/We are signing and relinquishing said dog of my/our own free will and not under duress of any kind, and acknowledge surrendering of legal ownership and any and all future claims on said dog as described in this profile.

The undersigned legal owner/guardian of this dog understands and accepts that LRRF, Inc., reserves the right to surgically sterilize and acquire any other surgical care deemed appropriate by LRRF, Inc., for the dog. IN CASE OF AGGRESSION OR EXTENSIVE MEDICAL OR SURGICAL PROBLEMS (discovered by LRRF, Inc., in conjunction with veterinary consultation) LRRF, Inc., reserves the right to euthanize the dog if its deemed appropriate. The undersigned agree to hold LRRF, Inc., harmless from any claims made after the dog is relinquished to LRRF, Inc., including the right to reclaim the dog.

**IF DOG IS CO-OWNED (HUSBAND/WIFE, OR TWO PEOPLE) BOTH SIGNATURES
ARE REQUIRED BEFORE DOG CAN BE PLACED BY LRRF, INC.**

Owner Signature _____ Date _____ Co-Owner Signature _____ Date _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone: _(_____) _____ Work Phone: _(_____) _____

(Please include mailing address if different from home address)

Contact Information for Veterinarian:

Name: _____ Work Phone: _(_____) _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____