

**LOLIN, INC**  
**Adoption Application**  
PO Box 237  
Noblesville, IN 46061-0237  
[www.lolin.org](http://www.lolin.org)

This questionnaire is for your benefit as well as ours. The information you provide will enable us to better determine exactly what you are looking for in a Labrador, if in fact, a Lab is the right breed for you, and which Lab will fit best into your lifestyle. Please be honest in your response and we will be honest in ours. If we do not feel you can provide a proper home for a Lab, we will tell you why we feel that way.

**Remember, that this is a lifetime commitment. If you doubt that you can make such a commitment, please stop here.** Do not put one of our Labrador Retrievers through the trauma of being rejected from yet another home.

**We do not sell the dogs available for adoption.** Our adoption fee helps cover the cost of the initial rescue, shots, spay/neuter, heartworm testing and other expenses incurred in caring for the dogs to prepare for adoption.

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Applicant's name \_\_\_\_\_ Co-Applicant's name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Home Ph# \_\_\_\_\_ Best time to call? \_\_\_\_\_

Work Ph# \_\_\_\_\_ Best time to call? \_\_\_\_\_

Cell, Mobile, Pager #'s \_\_\_\_\_ Best time to call? \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Do you rent or own your home? \_\_\_\_\_

Is this a house, a mobile home, an apartment, condo or other, if other, what? \_\_\_\_\_

If you rent, name and phone number of landlord \_\_\_\_\_

Do you have a fenced yard? \_\_\_\_\_ Type & height of fence \_\_\_\_\_ Is there any way that a dog could get out of this? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

If you have no fence, how will the dog be exercised? \_\_\_\_\_

Does your home have a pool? \_\_\_\_\_ If yes, is pool enclosed by separate fencing? \_\_\_\_\_ If not, how will you keep

your lab out of the water? \_\_\_\_\_

Do you have an outdoor kennel? \_\_\_\_\_ Size \_\_\_\_\_ Are your gates padlocked? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

How many adults in household? \_\_\_\_\_ How many children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

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No one in the house has allergies, except \_\_\_\_\_ Allergic to what? \_\_\_\_\_

Everyone in the house wants a Labrador Retriever, except for \_\_\_\_\_ Why? \_\_\_\_\_

Do you have any other pets (describe): \_\_\_\_\_ Ages \_\_\_\_\_ Are these pets all up to date on shots? \_\_\_\_\_

When and what were last shots? \_\_\_\_\_

When was pet last to a Vet and why? \_\_\_\_\_

Do your pets have any illnesses (if yes, what?) \_\_\_\_\_

Are there regular visitors to your home, human or animal, with which your new dog must get along? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

How many pets have you owned in the past 5 years? \_\_\_\_\_ If you do not still own the pet(s), what happened to them?

Have you ever given away any of your pets? \_\_\_\_\_ Please explain: \_\_\_\_\_

Under what conditions to you feel it is ok to give up a pet? \_\_\_\_\_

Have you owned a Labrador Retriever before? \_\_\_\_\_ Why did you choose this breed? \_\_\_\_\_

List plans for this dog: ( ) Pet ( ) Guard ( ) Companion ( ) Obedience ( ) S & R ( ) Therapy Other? \_\_\_\_\_

Preferences: Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Although you have marked your preferences, which of these would you be willing to reconsider? \_\_\_\_\_

Are you looking for a housedog or an outdoor dog? \_\_\_\_\_

Where will the dog be kept when you are not at home? ( ) Loose indoors ( ) Loose outdoors ( ) Crate indoors ( ) Fenced yard

( ) Outside kennel ( ) Basement ( ) Tied outside ( ) Other: \_\_\_\_\_

How many hours a day (on average) will the dog be alone? \_\_\_\_\_. When you are home, where will the dog be kept?

Where would the dog sleep? \_\_\_\_\_

Are you prepared to give the dog needed health care? \_\_\_\_\_ (Average of \$900.00 a year minimum)

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Do you agree to contact Love of Labs, IN, if for any reason you can no longer care for or keep the dog? \_\_\_\_\_

Will you be willing to let a LOLIN representative visit your home? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why? \_\_\_\_\_

How did you learn about LOLIN Rescue? \_\_\_\_\_

Do you have a regular veterinarian? \_\_\_\_\_ Name & Phone \_\_\_\_\_

Personal reference (name, phone#, relationship) \_\_\_\_\_

Have you ever applied to adopt a pet through a shelter or another rescue organization? \_\_\_\_\_ What rescue & what is their address?

\_\_\_\_\_

If not, why not? \_\_\_\_\_

Are you prepared to keep this Labrador Retriever for the next 10 – 15 years? \_\_\_\_\_ If no, why not? \_\_\_\_\_

How often do you travel? \_\_\_\_\_ What will you do with this Lab while you travel? \_\_\_\_\_

What will become of the dog if there is a divorce? \_\_\_\_\_ a marriage? \_\_\_\_\_ a baby? \_\_\_\_\_ or in the event there is a death in the family? \_\_\_\_\_ a move? \_\_\_\_\_ new job? \_\_\_\_\_ illness? \_\_\_\_\_

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All of the information I have given above is true and complete. Any dog I may adopt will reside in my home as a pet. I will provide it with good, clean, fresh food and water, secure shelter, training, affection and medical care.

I understand that Love of Labs, IN or authorized agents are not responsible for the accuracy of information received about the temperament, habits and physical conditions of dogs available for adoption. I understand that it is my responsibility to see and evaluate the dog for myself before agreeing to adopt it from LOLIN, and any person associated with its adoption efforts, is in no way liable or responsible for any damage, accident or injury resulting from the placement of a dog into my household. I also understand that I will be required to sign an adoption contract to place a dog in my home. I am in full agreement with these terms of adoption. By my initialing I acknowledge that I have read and understand this paragraph. My electronic signature and initial represent my legal signature on this adoption application.

\_\_\_\_\_  
Initials

We reserve the right to refuse an applicant for any reason.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email completed application to:  
[lolin@insightbb.com](mailto:lolin@insightbb.com)

**Please Note: Dogs are not necessarily housed at the above address, and may be some distance from your address .**