



Labrador Retriever Rescue, Inc.  
Serving MA, ME, NH, RI & VT  
24-hour hotline: 978-356-2982  
www.labrescue.com

**PRELIMINARY PLACEMENT APPLICATION**

(LRR, Inc. accepts only purebred Labrador Retrievers for placement)

*Send completed form (including photo and veterinarian's report) to:*  
Labrador Retriever Rescue, Inc.  
PO Box 1170  
Kingston NH 03848

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please attach a recent snapshot of your dog.*

Dog's name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Gender  M  F      Color:  B  Y  C      Weight \_\_\_\_\_  
 Spayed    Neutered    No      *Photocopy of proof required*

How long have you owned this dog? \_\_\_\_\_

AKC Registered?  Yes  No      If yes, registration number \_\_\_\_\_

Have you contacted the breeder about this dog?       Yes  No

If yes, what was the response?

\_\_\_\_\_

Reason you are unable to keep this dog?

\_\_\_\_\_

Is this dog housetrained?       Yes  No

Where does the dog stay during the day? \_\_\_\_\_

Where does the dog stay during the night? \_\_\_\_\_

Is the dog crate trained?       Yes  No

How long and when do you crate the dog? \_\_\_\_\_

Please describe the dog's temperament:

---

---

Describe the dog's behavior with children:

Under 5 \_\_\_\_\_  
Over 5 \_\_\_\_\_

Has the dog ever (please check all appropriate boxes):

Growled at a person?  Yes  No      Bitten a person?  Yes  No  
Snapped at a person?  Yes  No      Attacked a person?  Yes  No

If you answered yes to any of the above, please explain (attach separate page if needed):

---

Please describe the dog's reaction to the following:

Dogs – male: \_\_\_\_\_  
Dogs – female: \_\_\_\_\_  
Cats: \_\_\_\_\_  
Other animals: \_\_\_\_\_

Has the dog ever attacked another dog or cat?  Yes  No (If yes, please explain)

---

Has the dog had Obedience Training?  Yes  No

How long? \_\_\_\_\_ Where? \_\_\_\_\_

Does the dog come when called?  Yes  No      Walk on leash without pulling?  Yes  No

Sit?  Yes  No      Stay?  Yes  No      Down?  Yes  No      Heel?  Yes  No

Fetch?  Yes  No      Other: \_\_\_\_\_

How do you correct the dog? \_\_\_\_\_

Does the dog: Like to ride in cars?  Yes  No      Get car sick?  Yes  No

Like to swim?  Yes  No      Run away?  Yes  No      Dig?  Yes  No

Jump fences?  Yes  No      Jump up on people?  Yes  No

Chew non-dog items?  Yes  No

Bark when excited?  Yes  No      Bark at strangers?  Yes  No

Bark or whine when left alone?  Yes  No      Bark for no apparent reason?  Yes  No

Guard food?  Yes  No      Guard toys?  Yes  No      Guard territory?  Yes  No

Fear loud noises?  Yes  No      Fear any objects?  Yes  No

If yes, what objects? \_\_\_\_\_

Does the dog show any sensitivity towards being touched anywhere on his body?  Yes  No

If so, what parts?

---

Signature \_\_\_\_\_ Date \_\_\_\_\_



Labrador Retriever Rescue, Inc.  
Serving MA, ME, NH, RI & VT  
24-hour hotline: 978-356-2982  
www.labrescue.com

**MEDICAL HISTORY AND VACCINATIONS**  
*To be completed and signed by your veterinarian*

Dog's name \_\_\_\_\_ Owner's signature \_\_\_\_\_

Date of last Vet Visit \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Dog's DOB \_\_\_\_\_ Weight at last visit \_\_\_\_\_

Dates of last vaccinations:

DHLPP \_\_\_\_\_ Bordetella (kennel cough) \_\_\_\_\_

Lyme \_\_\_\_\_ Leptospirosis \_\_\_\_\_

Other \_\_\_\_\_

Rabies \_\_\_\_\_ Tag # \_\_\_\_\_

**PHOTOCOPY OF RABIES CERTIFICATE IS REQUIRED**

Date of last fecal test \_\_\_\_\_  Negative  Positive

Date of last heartworm test \_\_\_\_\_  Negative  Positive

Is this dog currently taking heartworm preventative?  Y  N Which? \_\_\_\_\_

Is this Labrador on heartworm prevention year-round?  Yes  No

Has this dog been treated for any of the following health conditions? Please check applicable box.

Condition	N/A	Treated	Ongoing
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip Dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranial Cruciate Ligament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Spots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyme Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any checked condition(s) and treatment

---

---

---

Please describe any other health problems this dog has had, past or present.

---

---

---

Is this dog tattooed or micro-chipped?  Yes  No If yes, details:

---

Veterinarian: Please comment on this dog's temperament and demeanor

---

---

---

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_