



# APPLICATION FOR A CAREER CHANGE DOG

## A. PERSONAL INFORMATION

<b>Applicants Name</b>			
<b>Occupation</b>			
<b>Date of Birth</b> (dd/mm/yyyy)			
<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
<b>Mailing Address</b>			
	Street	City	Province Postal Code
<b>Telephone</b>	Home:	Work:	Cell:
<b>Email</b>			
<b>Other persons living in your home</b>	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
<b>Is your entire family committed to the idea of having a dog?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
<b>Does anyone in your family have allergies to dogs?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you had a dog in the past?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and breed?	
<b>Have you fostered dogs in the past?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, with which agency?	



### B. HOME ENVIRONMENT

<b>Do you rent or own your home</b>	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
<b>For renters:</b>		
<i>Does your landlord know that you are applying to have a dog?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Are you allowed to have pets?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are there any areas of your home that would be out of bounds?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
<b>Do you currently have any pets?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please list type of pet(s) and age(s)</b>		
<b>Are your pets up to date on their vaccinations?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe your home:</b>		
<b>Is your yard fenced?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Describe your neighbourhood</b> ( <i>busy road, quiet residential, dogs/cats running free, etc.:</i> )		

### C. OWNERSHIP COMMITMENT

<b>Based on your family’s lifestyle, how many hours per day will the dog be left alone?</b>	
<b>Do you or your family have experience with obedience training a puppy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you or your family have experience with crate training?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you able to commit to attending orientation/training classes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will you willing to participate in follow up interviews/discussions on an ongoing basis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



### D. REFERENCES

Personal Reference		Professional Reference	
Name		Name	
Phone:		Phone:	
Email:		Email:	
How does this person know you?		How does this person know you?	
Criminal Record Check	<input type="checkbox"/> Pending <input type="checkbox"/> Completed		

### E. ACKNOWLEDGEMENT

By signing below we agree that the information provided is correct. We understand that this application is only the first step in the assessment process for consideration of being paired with a career change dog.

Signature

Print Name

Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Received	
Reviewed by	
References Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Record Check Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Follow Up Plan	<input type="checkbox"/> In person interview <input type="checkbox"/> Home visit