



PUPPY RAISER/SITTER APPLICATION FORM

A. PERSONAL INFORMATION

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



B. HOME ENVIRONMENT

Do you rent or own your home	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
For renters:		
<i>Does your landlord know that you are applying to raise a service 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
Are there any areas of your home that would be out of bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Do you currently have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list type of pet(s) and age(s)		
Are your pets up to date on their vaccinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your home:		

Is your yard fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your neighbourhood (<i>busy road, quiet residential, dogs/cats running free, etc.</i>):		

C. EMPLOYMENT INFORMATION

Are you able to take the puppy to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Describe your workplace environment.	



D. TRAINING COMMITMENT

Based on your family’s lifestyle, how many hours per day will the dog be left alone?	
Do you or your family have experience with obedience training a puppy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your family have experience with crate training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to commit to attending weekly puppy training classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to commit to 3 hours a day of training, socialization, handling, grooming and housebreaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to take your puppy out in public for socialization at least three times a week? <i>(This means socializing the puppy in malls, restaurants, schools, around other pets and public venues?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
When in public, service dog teams attract attention. Will you be comfortable with this type of attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to complete the weekly/monthly training progress reports in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. 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		

F. 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 service dog.

Signature Print Name

Date

PUPPY RAISER APPLICATION FORM



*****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	
Approved as Puppy Raiser	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved as Puppy Sitter	<input type="checkbox"/> Yes	<input type="checkbox"/> No