



# CENTRAL COAST DOG SERVICES

## PUPPY RAISER APPLICATION

Applicant's Name: \_\_\_\_\_

Parent/Guardian's Name(s) (if applicant is under 18): \_\_\_\_\_

### Home Address

Street: \_\_\_\_\_

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

### Mailing Address (if different):

Street: \_\_\_\_\_

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

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

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

### Phone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Will there be a caretaker besides you for the dog? Yes / No

If yes, who is the caretaker \_\_\_\_\_

### Current residents in your home:

Name	Age	Relationship to Applicant	Full or Part time Resident?	Comfort level / experience with dogs

The ages of other individuals that may stay overnight in your home: \_\_\_\_\_

Are all residents on board with bringing a dog into the house? Yes / No

Are any of the residents allergic to dogs? Yes / No



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Circle your type of residence:    House    Apartment    Condo    Town House    Other: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you are renting, does your landlord know about the service dog? Yes / No

Will you need a letter written to your landlord about the service dog? Yes / No

Will the dog have access to all parts of your home? Yes / No If no, where will the dog be allowed? \_\_\_\_\_

Do you have room for a large crate in your residence? Yes / No

Do you have a yard? Yes / No Approximate size of yard: \_\_\_\_\_ Is your yard securely fenced? Yes / No

Height of fence: \_\_\_\_\_ If not fenced, how are you planning on letting the dog outside?: \_\_\_\_\_

## Pet history over the last 10 years:

Type	Breed	Years Owned	Do you have this pet currently?	If not, please explain why:

Do current pets have experience with dogs? \_\_\_\_\_

Are current pets vaccinated? Y / N. If yes, please list all current vaccinations: \_\_\_\_\_

Are all female dogs in the home spayed? Y / N

Are all male dogs in the home neutered? Y / N

## Transportation

Do you own a vehicle? Yes / No If yes, what type of vehicle do you drive? \_\_\_\_\_

Do you have room in your vehicle for a dog crate? \_\_\_\_\_

What other types of transportation will you be using with the service dog? \_\_\_\_\_



# CENTRAL COAST DOG SERVICES

## Employment:

Where do you work? \_\_\_\_\_ How many hours a week do you work?: \_\_\_\_\_

Are you planning on taking the service dog to work? Yes / No

Describe your work environment: \_\_\_\_\_

\_\_\_\_\_

How often will you take the service dog to work? \_\_\_\_\_

What will the service dog do while you are working?: \_\_\_\_\_

\_\_\_\_\_

Does your employer know that you will be taking the service dog to work with you? Yes / No

Will you need a letter written to your employer about the service dog? Yes / No

If yes, please provide the employer's name and contact information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School:

Will the service dog be attending a school environment? Yes / No Hours per day: \_\_\_\_\_

Name of school service dog will attend: \_\_\_\_\_ Does the school know about the service dog? Yes / No

Type of school: preschool kindergarten elementary school middle school high school university other: \_\_\_\_\_

Will the school need a letter written about the service dog attending school with you? Yes / No

If yes, please provide the school office's phone and fax: \_\_\_\_\_

## While you are gone:

If the service dog will not accompany you to work or school, is there someone able to take care of the dog's bathroom and exercise needs during the day? Yes / No If yes, who?: \_\_\_\_\_

What do you plan to do with the service dog if you leave the dog at home alone? \_\_\_\_\_

\_\_\_\_\_

Will you bring the service dog with you when you travel? Yes / No

If no, what is your plan for the service dog when you travel? \_\_\_\_\_



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## Exercise:

Check all types of exercise that you plan to do with the service dog:

<input type="checkbox"/>	On-leash walking
<input type="checkbox"/>	Running/Jogging
<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Dog Park
<input type="checkbox"/>	Off-leash at an unfenced park
<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Running next to a bicycle
<input type="checkbox"/>	Playing in resident's yard
<input type="checkbox"/>	Other:

How frequently are you planning on exercising the service dog? \_\_\_\_\_

For how long? \_\_\_\_\_

Will the service dog be playing frequently with other dogs? \_\_\_\_\_

Are there places for the dog to safely run around near your home? \_\_\_\_\_

## Sleeping:

Where will you have the service dog sleep at night? \_\_\_\_\_

Where will the service dog lay down during the day? \_\_\_\_\_

**PLEASE NOTE:** Our program service dogs in training are not allowed up on furniture. It is the responsibility of the puppy raiser to enforce this with their service dog in training.

## The Puppy Raising Experience:

Do you have any disabilities that may make it difficult to handle a dog? \_\_\_\_\_

What challenges do you expect to face fostering a service dog in training? \_\_\_\_\_

What concerns do you have regarding fostering a service dog in training? \_\_\_\_\_

What is your experience training and handling dogs? \_\_\_\_\_

Please fill in the name of the individual that will be taking care of the following needs of the service dog:

Feeding: \_\_\_\_\_ Exercising: \_\_\_\_\_

Letting out to go potty: \_\_\_\_\_ Grooming: \_\_\_\_\_

Buying Pet Supplies: \_\_\_\_\_ Vet Visits: \_\_\_\_\_





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Where are common places in the community that you frequently visit? (malls, grocery stores, restaurants, etc.) \_\_\_\_\_

What type of animals would your service dog in training be exposed to? \_\_\_\_\_

Does anyone that will handle the dog have anxiety? Y / N **We ask this because some dogs have a tendency to go into guard mode if their handler is anxious, and will take this into consideration when matching you with a foster dog.**

Do you want to be given the opportunity to adopt your foster dog if they do not pass as a service or therapy dog? Y / N

## Requirements for the Service Dog in Training

Please tell us what you are comfortable working on with your service dog in training:

Potty Training	YES / NO	Are you okay with puppy raising a puppy that is not yet done with vaccinations?	YES / NO
Mouthiness	YES / NO	Are you okay with puppy raising a puppy that is between the ages of 4-6 months old and working on basic commands?	YES / NO
Barking	YES / NO	Are you okay with puppy raising an older dog between the ages of 1-3yrs old?	YES / NO
Chewing/Teething	YES / NO	Do you need a dog that already has enough training to already go "in vest" in locations that are not pet-friendly?	YES / NO
Jumping	YES / NO	Do you need a dog that can already handle laying down under a desk for long periods of time?	YES / NO
Leash Manners	YES / NO	Do you need a hypoallergenic dog?	YES / NO
Focus around other Animals	YES / NO	Our program works with a wide variety of breeds and lots of rescue dogs. Are you comfortable handling Bully Breeds and Pit Bull Mixes?	YES / NO
Crate Training	YES / NO	Are you comfortable handling dogs over 60 pounds?	YES / NO
Heavier grooming requirements	YES / NO	Are you okay with puppy raising a dog that is not spayed or neutered yet?	YES / NO

Is there anything specific that we should know about your needs or preferences for your foster service dog in training? \_\_\_\_\_



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# CENTRAL COAST DOG SERVICES

Fill out the calendar below with a general outline of what your average week looks like:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am							
9am							
10am							
11am							
noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Applicant's FULL Legal Name: \_\_\_\_\_

**\*PLEASE ATTACH VACCINATION RECORDS OF YOUR CURRENT PETS AND A LETTER OF REFERENCE FROM YOUR VETERINARIAN.**

**IF NO VET HISTORY, A LETTER FROM A FRIEND OR SOMEONE YOU WORK WITH WILL DO.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (if applicant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_