



The Service Dog Connection

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: _____

Phone Numbers:

Home: _____

Cell: _____

Work: _____

Primary Email: _____

Secondary Email: _____

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



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: _____



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? _____



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 TO THIS APPLICATION

By signing below, I acknowledge that I have no ownership over any dog placed in my care by The Service Dog Connection for puppy raising. The Service Dog Connection is not liable for any damages done to people, animals or property by the service dog in training while in the care of the puppy raiser. The Service Dog Connection has the right to take any dog back that is in a puppy raiser's care at any point in time.

Applicant's Signature: _____ Date: _____

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