

Applicant's Name:		n an	
Parent/Guardian's Name	(s) (if applicant is under 18	3):	
	Home Address		Phone Numbers:
Street:			Home:
City:	State:	Zip:	Cell:
	Mailing Address (if differer	nt):	Work:
Street:			
City:	State:	Zip:	Will there be a caretaker besides you for the dog? Yes / No
Primary Email:			If yes, who is the caretaker
Secondary Email:	n 1997 - Minar Maria Maria ang kanang manang manang manang kanang manang kanang manang kanang manang manang manan		

Current residents in your home:

Name	Age	Relationship to Applicant	Full or Part time Resident?	Comfort level / experience with dogs
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	3			

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



Circle your type of residence:	House	Apartment	Condo	Town House	Other:	<u></u>
Do you own or rent?		If you are rent	ing, does y	our landlord know	about the service dog?	Yes / No
Will you need a letter written to	your landle	ord about the se	ervice dog?	Yes / No		
Will the dog have access to all	parts of yo	ur home? Yes	No If no,	, where will the do	g be allowed?	<u></u>
Do you have room for a large o	rate in you	r residence? Y	/es / No			
Do you have a yard? Yes / No	Approx	imate size of ya	ard:	Is you	ur yard securely fenced?	Yes / No
Height of fence:	If not f	enced, how are	you planni	ng on letting the c	log outside?:	

Pet history over the last 10 years:

Туре	Breed	Years Owned	Do you have this pet currently?	If not, please explain why:
	8			
r	S			
2				

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?



	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
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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	
Will you need a letter written to your employer about	t the service dog? Yes / No
If yes, please provide the employer's name and cont	tact information:

School:

Will the service dog be atte	nding a school	environment? Ye	s / No	Hours	per day:			
Name of school service dog	g will attend:		Does	s the sch	nool know abo	out the servi	ce dog?	Yes / No
Type of school: preschool	kindergarten	elementary school	middle	school	high school	university	other:	n n Maria an In
Will the school need a letter	r written about	the service dog at	tending	school	with you?	Ye	s / No	
If yes, please provide the se	chool office's p	hone and fax:					e - Salar	

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?



Check all types of exercise that you plan to do with the service dog:	How frequently are you planning on exercising the service dog?
On-leash walking	
Running/Jogging	For how long?
Hiking	
Dog Park	Will the service dog be playing frequently with other dogs?
Off-leash at an unfenced park	
Swimming	
Running next to a bicycle	Are there places for the dog to safely run around near your home?
Playing in resident's yard	
Other:	

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

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

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

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



What do you expect your experience to look like before you receive your service dog? ____

How will you prepare to bring a new service dog into your life and household?_____

What type of support would you like to request from the Service Dog Connection in helping you and your new service dog become a successful puppy raiser team?

Why do you want to become a puppy raiser?_____

Is there anything else that you believe would be helpful for SDC's trainers to know about you and your family?_____

When are you wanting to start puppy raising for The Service Dog Connection?_____



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

Γ	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am			а 25.				
9am			£				
10am							
11am							
noon			r				
1pm							
2pm							
3pm							
4pm							
5pm			3 				
6pm			0				
7pm							
8pm			0 				
9pm			2				
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:	