



Return to:
 OccuPaws Puppy Coordinator
 P.O. box 45857
 Madison, WI 53744

Phone : 608-772-3787
 FAX : 866-854-3291
 E-Mail : barb@occupaws.org

VOLUNTEER PUPPY RAISER APPLICATION

Contact Information

Name (s): _____ Birth Date: _____

Address: _____
Number City State Zip

Home Phone : _____ Work/Cell Phone : _____

E-Mail Address: _____

Environment Details

Environment Type

- City (Downtown) City (Suburban) Country/Rural
 Farm Lake

Type of Residence

- Apartment Home (Rent) Home (Own)
 If renting, are pets allowed? Yes No

Landlord's Name: _____

Landlord's Phone: _____

- Do you have a fenced yard? Yes No
 If Yes, is your yard: Partially fenced Completely fenced

Other Household Pets

Do you currently have any other pets in your household? Yes No
 If Yes, how many pets do you currently have? _____

List Name, Breed and Age of Pets:

#	NAME	BREED	AGE
1			
2			
3			
4			
5			

Puppy Raising Experience

Do you have any experience raising/training puppies? If yes, please explain:

Puppy Raiser Responsibility

Puppy raiser(s) is/are willing to accept financial responsibility for daily requirements of dog food, training equipment, toys, crate and the necessary veterinary care which may include spaying/neutering the puppy.

I (We) **ACCEPT** **DO NOT ACCEPT** this responsibility

Puppy raiser(s) is/are willing to attend required obedience classes and monthly outings, and is/are willing to be seen by the local Community Puppy Program Coordinator and other OccuPaws staff/trainers.

I (We) am/are **WILLING** am/are **NOT WILLING**

Puppy Raiser Preferences

Gender : Male Female No Preference

Can Accept : Immediately 1-3 months 4-6 months No Preference

Agreement and Signature

By submitting this application, I (we) affirm that the facts set forth in it are true and complete. I (we) understand that if I (we) am/are entrusted as a puppy raiser, any false statements, omissions, or other misrepresentations made by me (us) on the application may result in my (our) immediate dismissal from the Puppy Raising Program. Each puppy placed in a home to be raised remains the property of OccuPaws Guide Dog Association. OccuPaws reserves the right to repossess the puppy from the puppy raiser(s) at any time should circumstances necessitate such action.

Signed this _____ day of _____, _____ by

FOR PUPPY COORDINATOR USE ONLY

Name of Puppy Issued : _____

Breed : _____ Sex : ____ Date of Birth: _____

OccuPaws ID/Chip # : _____ Date Placed: _____

Assigned Puppy Program Coordinator : _____

Equipment Issued : _____

Assigned Veterinarian : _____

Address : _____

Phone # : _____

Other comments : _____
