



## PUPPY RAISER APPLICATION

Please email completed application to [info@pawpads.org](mailto:info@pawpads.org) or mail to 9877 234<sup>th</sup> St E, Lakeville, MN 55044.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

### EMPLOYMENT:

Are you employed?  Yes  No

If yes, where do you work? \_\_\_\_\_

How many days per week and hours per day do you work? \_\_\_\_\_

Can you bring a dog to work with you?  Yes  No

### HOME INFORMATION:

Housing Type:  House  Apartment  Other (please list: \_\_\_\_\_)

Do you rent or own your home?  Rent  Own

If you rent: Are pets allowed?  Yes  No

Is there a monthly pet fee?  Yes  No

Do you have a fenced yard?  Yes  No

If not, do you understand that the dog must always be on leash to go outside?  Yes  No

Please describe your home and neighborhood (urban, suburban, rural, etc.): \_\_\_\_\_

Do you have room in your home for a large sized dog crate?  Yes  No

Approximately how many hours will the dog be left home alone per day? \_\_\_\_\_

How many people do you live with? Please list names, relationship to you, and ages.

Name	Relationship	Age

Is anyone in your home fearful of or allergic to dogs?  Yes  No

Is anyone in your home a smoker?  Yes  No

Do you currently have any other pets living in your home? If yes, please list them below.

Name	Species (dog, cat, bird, etc.)	Breed	Age	Gender	Spayed/Neutered?

If you have other pets, do you have documentation verifying that they are up to date on their vaccinations and licensing requirements?  Yes  No

Have you had dogs in the past?  Yes  No

Are you comfortable with us doing a home visit?  Yes  No

Is there anything at your home or workplace that might be hazardous to the dog's health or well-being (loud machinery, toxic fumes or fluids, slippery or littered floors, high frequency noise, sharp objects, etc.)?  Yes  No

If yes, please describe the hazards: \_\_\_\_\_

\_\_\_\_\_

**OTHER:**

Why would you like to puppy raise with PawPADs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about PawPADs? \_\_\_\_\_

Are you familiar with the use of assistance dogs? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_

\_\_\_\_\_

Please describe your usual activity level (low, moderate, high) and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your typical daily schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you anticipate puppy raising to change your lifestyle? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your experience with dogs (family pets, obedience, training, handling, showing, fostering, puppy raising, etc.)? \_\_\_\_\_  
\_\_\_\_\_

If you have training experience, please describe the training methods you use: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to agree and adhere to our policies and procedures to keep our dog healthy and safe at all times?  Yes  No

Are you willing to meet with PawPADs trainers in public or at our training center in Lakeville once per week for training and support (location and times TBD)?  Yes  No

When would you be available for training (daytime, weekday evenings, weekends, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Will you be able to take your dog in public at least twice per week for training and socialization?  
 Yes  No

Will you be able to complete short online public access report cards after every public outing?  
 Yes  No

Will you be able to complete an online weekly training and behavior progress report?  Yes  No

What, if any, concerns would you have about puppy raising? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you understand that PawPADs retains ownership of all dogs placed with puppy raisers and has the right to repossess the dog at any time without notice?  Yes  No

Have you read and understood the "Puppy Raiser Information Sheet"?  Yes  No

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal from the puppy raising program.

I further understand and accept that Pawsitive Perspectives Assistance Dogs (PawPADs) will make the final decision regarding my suitability as a puppy raiser.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Pawsitive Perspectives Assistance Dogs reserves the right to terminate, or exclude, participation as a puppy raiser if it can be determined that the puppy raiser's special circumstances or requirements could result in the unsafe handling of the dog or may cause undue hardship, personal injury to the handler, or endanger the safety of the public.

**ANTI-DISCRIMINATION CLAUSE**

It is the policy of Pawsitive Perspectives Assistance Dogs to extend equal consideration and treatment to all persons regardless of race, color, national origin, religion, creed, gender, sexual orientation, marital status, age, disability, or medical conditions.