

# Disability Assistance Dogs

## *Puppy Raiser Application*

Disability Assistance Dogs is committed to providing the best dogs possible. Our puppy raising program is the foundation for the future success of dogs in becoming an Assistance Dog and the future relationship with their partner.

A Puppy Raiser must first love dogs and be able to spend lots of time with the puppy placed with them.

### Puppy Raiser Responsibilities

- Be committed to raising a puppy for a minimum of 12 months.
- Return the puppy to Disability Assistance Dogs upon request.
- Be able and willing to pay for all puppy expenses: premium food, vet bills, training classes, grooming, socialization, exercise and any supplies.
- Provide a safe, healthy environment where the puppy feels loved and wanted.
- The puppy must stay indoors and sleep in a crate. The puppy may NOT be left outside or unattended all day or for long periods of time in the crate or yard.
- Arrangements must be made should something happen and you not be able to get back to your puppy.
- Puppy must be on leash at ALL times, unless in a secured fenced in area.
- Successfully complete an obedience training course with an approved instructor.
- Train the puppy with positive reinforcement – NEVER hit the puppy or use harsh methods.
- Use **only** collars approved by Disability Assistance Dogs. Use a flat collar on your puppy. Recommendations by other trainers at your training course will be taken under advisement, but may only be used after approval by our trainer.
- Socialize the puppy and keep it with you as much as possible as this will be the role of it as a future Service Dog.
- Follow Disability Assistance Dogs guidelines on jacket use and never abuse your privilege.
- Attend monthly Disability Assistance Dogs socialization outings so our trainer can observe the puppy's progress. Complete monthly reports to Disability Assistance Dogs.
- Disability Assistance Dogs reserves the right to remove a puppy from a raiser at any time if you fail to fulfill your duties or abuse the puppy.
- If a Puppy Raiser is under the age of 18 years, the parents or guardian must fully agree to all terms listed above and sign off on the Puppy Raiser Application.

Please return application to:

Disability Assistance Dogs  
530 23<sup>rd</sup> Street #3  
Bettendorf, IA 52722

Phone: (563) 505-2182

<http://www.disabilityassistancedogs.org>

**For Office Use Only**

Received: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Placement Date: \_\_\_\_\_

# Disability Assistance Dogs

## Puppy Raiser Application

<b>Applicant Name</b>						
	<b>Age</b>	<b>Male</b>	<b>Female</b>			
<b>Date of Birth</b>						
<b>Address</b>						
<b>City, State, Zip</b>						
<b>Phone</b>						
<b>Cell</b>						
<b>Email</b>						
<b>Marital Status</b>						
<b>Employer</b>						
<b>Position/Title</b>						
<b>Address</b>						
<b>There How Long?</b>						
<b>School Attending</b>						
<b>Address</b>						
<b>Phone</b>						
<b>Spouse Name</b>						

If Applicant is a minor, please have parent/guardian fill out:

<b>Parent/Guardian Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone</b>	
<b>Cell</b>	
<b>Email</b>	
<b>Marital Status</b>	
<b>Employer</b>	
<b>Position/Title</b>	
<b>Address</b>	
<b>There How Long?</b>	

Do you rent? YES NO

<b>Landlord's Name</b>	
<b>Address</b>	
<b>Phone</b>	

YES NO Are you a student?

Where do you attend school?

YES NO Do you have a fenced backyard? Size: Type of Fence:

How do you plan to take the dog out for bathroom breaks?

Please list the number and ages of other members of your household:

<b>Name</b>	<b>Gender</b>	<b>Age</b>

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## *Puppy Raiser Application*

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Please list the number, types, and ages of other pets in your household:

Name	Gender	Species/Breed	Age

If you receive a Disability Assistance Dogs puppy, will you agree to?

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Provide proof of vaccinations for the animals listed above?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Assure us all dogs that share your household, are altered (spayed or neutered)?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay for all veterinary expenses?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay for all food and supplies?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay for all transportation of the dog?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Feed the dog only approved diet?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Treat the dog as if it belonged to you?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Groom the dog regularly, including baths?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attend regular obedience classes?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allow the dog to accompany you to public places?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevent other people from allowing your puppy to misbehave?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Answer questions from the public about Disability Assistance Dogs?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Return the puppy to Disability Assistance Dogs upon request?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Love the puppy unconditionally?   |
| <input type="checkbox"/> | <input type="checkbox"/> | When your puppy receives its training jacket, will you be able to take it to work or school with you? |

If you raise a Disability Assistance Dogs puppy, where do you plan to have it sleep at night?

Please explain your previous dog experience (another sheet may be attached):

If you have any additional animal experience, please tell us about it:

Approximately how many hours per day will you be able to spend with your puppy?

Please describe your work or school environment:

Please briefly describe your living environment and yard:

# **Disability Assistance Dogs**

## *Puppy Raiser Application*

What is a typical day like for you?

Please use the space below to explain why you want to raise a Disability Assistance Dogs puppy:

How do you feel about returning your puppy to Disability Assistance Dogs at the end of its socialization with you?

I certify that the above information is correct and accurate to the best of my knowledge and agree to the requirements listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent or Guardian: \_\_\_\_\_