



**DOGS WITH WINGS**  
ASSISTANCE DOG SOCIETY

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## EARLY EDUCATION PUPPY RAISER APPLICATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_

NUMBER OF ADULTS AND AGES OF CHILDREN IN THE HOME: \_\_\_\_\_

OCCUPATION (S): \_\_\_\_\_

IS ONE ADULT AT HOME DURING THE DAY:  Yes  No

DETAILS: \_\_\_\_\_

IS YOUR PROPERTY OWNED OR RENTED:  OWNED  RENTED

IS YOUR YARD FENCED AND SECURE:  Yes  No

ARE YOU PREPARED FOR THE DOG TO LIVE IN THE HOUSE AS MEMBER OF THE FAMILY:  Yes  No

WOULD YOU HAVE ANY OUT OF BOUND AREAS FOR THE DOG:  Yes  No

DETAILS: \_\_\_\_\_

ARE YOU PREPARED TO TRANSPORT THE DOG TO & FROM THE OFFICE DAILY:  Yes  No

HAVE YOU HAD ANY EXPERIENCE WITH DOGS OR TRAINING:  Yes  No

DETAILS: \_\_\_\_\_

ARE THERE ANY PETS IN YOUR HOME:  Yes  No

DETAILS: \_\_\_\_\_

DO YOU HAVE ANY PREFERENCE TO THE BREED OR SEX OF THE DOG: Yes No

DETAILS: \_\_\_\_\_

WHEN WOULD YOU BE ABLE TO TAKE A PUPPY (IF ACCEPTED): \_\_\_\_\_

WHY IS IT YOU WOULD LIKE TO BECOME AN PUPPY RAISER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

*(For Office Use Only)*

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

*(For Office Use Only)*

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(For Office Use Only)*

**HOME VISIT COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_