

Power Paws Assistance Dogs

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www.azpowerpaws.org

PUPPY RAISER APPLICATION (Section in RED for Office Use only.)

Name _____ **Puppy's Name** _____

Address _____ **Puppy's Date of Birth** _____

_____ **Puppy's Sex** _____ **Breed** _____

Phone _____ **Date Puppy Placed** _____

Cell Phone Numbers _____

Age ____ Sex: M F Marital Status _____ Driver's License #: _____

Email Address _____

Do you live in: House Apartment Condo Acreage Other _____?

Please list ALL family and household members.

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Your Employer _____ Position _____

Address _____

Phone _____

How many puppies have you raised? ____ How many dogs currently reside in your home? ____
what other animals reside in your home? _____

Have you been a puppy raiser before? _____ If yes, with which organization?

Do you have a preference in breed, gender, or color? Y N If yes, please explain

Are you willing to raise an older puppy or dog? Y N

Do you have a secure enclosed yard? Y N If no, please explain _____

Are you willing and able to take this puppy (16 weeks of age or older) to work or school with you every day? Y N

How are you going to make accommodations for relieving your puppy during the day if you work outside the home? _____

On occasion Power Paws will need puppies for demonstrations, fund raising activities or other public events. Are you willing to either attend these activities or relinquish the puppy for the day? Y N

Power Paws does most communication through email. Are you willing/able to check email on a daily basis and respond to our emails? Y N

Are you able to lift and carry an adult Labrador or Golden Retriever? Y N

If accepted as a puppy raiser:

I agree to NEVER, EVER strike, hit, shake, physically or verbally abuse the puppy. _____ (initial)

I/we agree that household members who have contact with the puppy agree to Power Paws rules and regulations. (All household members must provide signatures.)

Signature: _____ Signature _____

Signature _____ Signature _____

Signature _____ Signature _____

I understand that my name, phone number and email address will be shared with all Power Paws volunteers, and I will get a list of all Power Paws volunteers. It is expected that these names, phone numbers and email addresses be kept within our group and will ONLY be used for Power Paws business. _____ (initial)

I agree to NEVER, EVER let the puppy off lead in public. _____ (initial)

I agree to crating puppy when I can not supervise the puppy. _____ (initial)

I agree to NEVER, EVER take the puppy to Bark Parks, Puppy Parks or other named facilities where dogs are loose within a fenced area. _____ (initial)

The Power Paws puppy will be the only young puppy (12 months and under) in the house. I agree not to purchase or adopt another dog/puppy while raising a Power Paws dog. _____ (initial)

I agree to have a veterinarian check done within 3 days of receiving the puppy. At that time a fecal is to be done. If a negative fecal is returned, another fecal is to be done within 7-10 days. _____ (initial)

I agree to have the appropriate vaccines given to the puppy by a veterinarian every 3-4 weeks until 16 weeks of age. Four injections plus rabies must be given before the puppy is to be taken into public places. HeartGard is to be given as instructed by the veterinarian. _____ (initial)

Puppy is to be up to date on all vaccinations and reliably housetrained before taken into public places.
_____ (initial)

I agree to feed Purina Proplan. Power Paws understands that every puppy's needs are different so we may consider other foods if puppy is having issues with this food. I also agree to supplement the puppy's diet with a vitamin tablet. _____ (initial)

Balls are not to be given to puppies to chase. The prey drive is not to be encouraged. _____ (initial)

I agree not to allow puppy to jump on or off furniture, tables, etc as this can injure hips. REMEMBER: "FOUR ON THE FLOOR." _____ (initial)

Puppies taken into public places are to wear a Power Paws cape and the puppy raiser is to display an ID card. These will be provided by Power Paws. _____ (initial)

I agree to follow the training manual provided and attend a training class approved by Power Paws. _____ (initial)

Puppy raisers are required to attend a minimum of three training classes per month; exceptions to this should be prearranged. _____ (initial)

I agree to have the puppy spayed/neutered only upon approval of Power Paws staff. _____ (initial)

Puppy shall live with the foster family until approximately 13-24 months of age. Power Paws shall determine when the puppy is to be returned to our facility. _____ (initial)

I understand that turn in of the puppy will be a difficult time for my family and me. I agree to return the puppy to Power Paws when requested. _____ (initial)

I understand that I am an ambassador for Power Paws. When I am in public with the puppy I will conduct myself in a professional and polite manner and will keep the puppy under control at all times. _____ (initial)

I understand that destruction of personal property by the puppy is my responsibility and that I will in no way or manner hold Power Paws Assistance Dogs, Inc. or any of their agents liable for any destruction of property. _____ (initial)

I understand that if I go out of town and can not take the puppy with me, I am responsible for finding a puppy sitter or arrange boarding with a kennel. Power Paws will send out an email to all puppy raiser families asking if any one is available for sitting, there is no guarantee that someone will be available. _____ (initial)

If, at any time, the puppy raiser can not, or decides not to continue raising the puppy, Power Paws is to be notified immediately. Please do not hesitate to notify us if raising this puppy becomes a problem. We will take the puppy back without hesitation, no matter what the circumstances are. If any other Power Paws' dogs reside in the home they too will be removed at the same time. _____ (initial)

I agree to relinquish the puppy/dog to Power Paws without prior notice, at the discretion of Power Paws. If I refuse to return this dog to Power Paws Assistance Dogs, Inc. upon request, that I will be responsible for the cost of any legal action, attorney's fees and court costs required to have this dog returned. _____ (initial)

I understand that not all puppies make it as an assistance dog, and if released from Power Paws, Power Paws will determine the placement of this dog. _____ (initial)

**If a puppy is chosen to become a breeder for Power Paws the Puppy Raiser Family will be given the opportunity to be Breeder Caretakers first, or returned to Power Paws.
_____ (initial)**

I understand that the financial cost of raising a puppy for Power Paws is my responsibility. This includes but may not be limited to food, routine vet care, vaccinations, CERF eye check and Penn Hip x-ray. _____ (initial)

**I, _____ have read, understand, and agree to the above stated
(Print full name)
conditions of becoming a puppy raiser for Power Paws Assistance Dogs, Inc.**

Signature_____ Date_____

If puppy raiser is a minor, parent or guardian must initial and provide signature.

Signature of parent or guardian for minor puppy raiser:

_____ Date_____

How did you hear about Power Paws?

TV___ Radio___ Newspaper, if so, which one? _____

Web Site_____ Related Link_____ Other_____

Referred, if so, by whom? _____

Please tell us why you would like to be a puppyraiser for Power Paws. Please include what kind of participation you are interested in, such as fund raising, committee member, and puppy raiser only.

Please tell us what you expect of Power Paws in your puppy raising experience.
