

Saint Francis of Assisi

Service Dog Foundation

Puppy Raiser Application

(Please Print or Type)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Email: _____ Age (if under 18): _____ Sex: () male () female

When is the best time to reach you by phone: _____

1. How did you hear about Saint Francis of Assisi Service Dog Foundation?

2. What are your primary reasons for wanting to raise a Saint Francis puppy?

3. Have you previously raised a puppy for another service dog program? () yes () no
If yes, list program name(s):

4. Have you received any formal obedience training with your dog(s)? () yes () no

5. What are the breeds and ages of the dogs currently living with you? Are these dogs spayed/neutered?

6. Please list any other pets living in your home.

7. Can you provide proof of vaccination for the animals listed above? () yes () no

8. Do you have an enclosed yard? () yes () no

9. If no, are you willing to build a kennel and run? () yes () no

10. Please briefly describe your home, yard and living environment:

11. If you adopt a Saint Francis puppy, where do you plan to have it sleep at night?

12. Are there children living in your home? () yes () no

If yes, how many? _____ What are their ages? _____

13. Will you be able to take your Saint Francis puppy to your workplace regularly or on occasion? () yes () no If yes, please describe your work environment:

14. How many hours are you home during the day?

15. Please describe a typical day for you:

16. About how much time per day do you plan to spend training your Saint Francis puppy?

() 10-20 minutes () 20-30 minutes () more than 30 minutes

17. Please describe your feelings about returning your puppy to Saint Francis of Assisi Service Dog Foundation for advanced training and then placement with a disabled person:

18. Are you willing to report weekly by telephone to a designated training advisor and keep a written training, play, and socialization diary? () yes () no

19. Please list the names, addresses, and phone numbers of three (3) references:

20. Please list the name and address of your veterinarian:

Dr: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

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To the best of my knowledge, the above information is true and accurate. If I am selected as a Saint Francis puppy raiser, I agree to adhere to all requirements of Saint Francis of Assisi Service Dog Foundation and to be responsible for the care, feeding, and training of my canine placement during the period that the puppy is in my home. I will attend an approved obedience-training program in my community. I agree to return the puppy to Saint Francis of Assisi Service Dog Foundation upon request.

Applicant signature: _____ Date: _____

Parent/ guardian signature (if under 18 years of age): _____

Please send completed application to:

Saint Francis of Assisi
C/O Training Program
PO Box 19538
Roanoke VA 24019

If you have any questions, please call: (540) 342-DOGS

or

Email: malowi@saintfrancisdog.org

Saint Francis use only:

Date received:

Date of call:

Date of home visit: