



Mission Working Dogs
 152 Moxie's Place, Oxford ME 04270
 info@missionworkingdogs.org



Puppy Raiser Application

Applicant Full Legal Name: _____

Mailing Address: _____

Physical Address (If different): _____

Phone Number: _____ Alt Phone: _____

Email Address: _____

Date of Birth (MM-DD-YYYY): _____ Height: _____ Weight: _____

Soc Sec Number for background check: _____ Gender/pronouns: _____

Have you ever been convicted of a felony or misdemeanor: _____

Marital Status: Single Married Separated Divorced Widowed
 Domestic Partnership Other: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Personal Reference #1 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Personal Reference #2 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Personal Reference #3 Name: _____

Relationship: _____ Phone Number: _____

Email: _____

Is anyone in the household allergic to dogs: Yes No

Who will help with the dog if you become ill and cannot: _____

Helper phone: _____

Initial: _____



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Employment status (part, full, retired, unemployed): _____

Occupation: _____ Years experience: _____

If employed, is your employer aware you're applying to be a puppy raiser: Yes No

Place of Employment: _____

Contact Person: _____ Phone: _____

Is there a Service Dog policy at your work? Yes No

Do you volunteer: Yes NO If yes, where: _____

Description of volunteer work: _____

Are you a student: Yes No If yes, where: _____

Highest level of education achieved: _____

How's your upper body and core strength: _____

Is one hand/arm stronger than the other: _____

How did you hear about us: _____

What made you decide to apply to Mission Working Dogs now: _____

Any health concerns we should be aware of: _____

Do you live in the city, a suburb, or rural area: _____

House or Apartment: _____ Own or Rent: _____

One level living or multiple floors: _____

Do you have a yard: _____ Fenced: _____

Please describe your neighborhood: _____

Initial: _____



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How many people in the household: _____ Please list name, age, relationships:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

What time do you generally get up: _____ What time do you go to bed: _____

Do you nap/rest during the day: Yes No Do you smoke: Yes No

What are your hobbies/interests: _____

What's a typical day like for you: _____

Do you drive: Yes No How often do you travel: _____

Please list any other pets in the household: _____

If you have other pets, please provide your veterinarian's contact information: _____

Direct neighbors pets: _____

Have you had a Service Dog before: Yes No Pet dog before: Yes No

Have you ever given away, surrendered, or sold a pet: Yes No

Have you ever attended dog training classes: Yes No

Where will the Working Dog be during the day: _____

Where will the Working Dog be at night: _____

Where will the Working Dog be expected to relieve itself: _____

Initial: _____



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Where will the Working Dog be exercised: _____

Where will the Working Dog have play/free time: _____

How many hours a day will the Working Dog be alone: _____

If accepted, will you be able to come to the training center for weekly classes to work with the dog until they are ready for the next phase: _____

If you had help filling out this application, please list the person who helped:

Name: _____ Relationship: _____

Contact information: _____

Consent to Contact

I, _____, give consent for staff from Mission Working Dogs to contact my employer, school, veterinarian, references and helpers with regard to my ability to care for the dog, and any other necessary questions for the purpose of assessing my qualifications to help train a working dog and ability to provide a suitable environment for the working dog to learn. Mission Working Dogs may also conduct a criminal background check at any time before or during placement of a Working Dog with me.

I certify that, to the best of my knowledge, the information provided in this application represents my needs and present situation. I understand that failure to provide complete, accurate, and honest information will permanently disqualify me from being eligible to receive a Working Dog from Mission Working Dogs. This would also result in immediate removal from either the program or waiting list if I have already been accepted under false pretenses.

I further understand that Mission Working Dogs reserves the right to remove any accepted, or scheduled, applicant/candidate from the waiting list, at any time, for any reason. I understand that any person Mission Working Dogs does not feel would be a good fit for our program can also be denied from being a puppy raiser for our agency.

Signed: _____ Date: _____