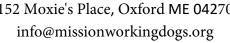


Mission Working Dogs 152 Moxie's Place, Oxford ME 04270

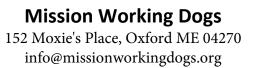




Puppy Raiser Application

Applicant Full Lega	al Name:					
Mailing Address: _						
Physical Address (I	If different):					
Phone Number:	hone Number: Alt Phone:					
Email Address:						
Date of Birth (MM-DD-YYYY):			Height:	We	eight:	
Soc Sec Number for background check:		Gender/pronouns:				
Have you ever bee	en convicted of	a felony or mis	demeanor:			
Marital Status:	Single	Married	Separated	Divorced	Widowed	
	Domestic I	Partnership	Other:			
Emergency Contac	ct Name:					
Relationship:	lationship: Phone:					
Personal Referenc	e #1 Name:					
Relationship:		Phor	ne Number:			
Email:						
Personal Referenc	e #2 Name:					
Relationship: Phon		ne Number:		·		
Email:						
Personal Referenc	e #3 Name:					
Relationship:		Phor	ne Number:		 -	
Email:						
Is anyone in the ho	ousehold allerg	gic to dogs:	Yes No			
Who will help with	the dog if you	ı become ill and	cannot:			
Helper phone:						
		Initia	 I•		1 Page	







Employment status (part, full, retired, ur	nemployed):			
Occupation: Years experience:				
If employed, is your employer aware you	ı're applying	to be a puppy raiser:	Yes	No
Place of Employment:				
Contact Person:		Phone:		
Is there a Service Dog policy at your wor	k? Y	es No		
Do you volunteer: Yes NO If ye	es, where:			
Description of volunteer work:				
Are you a student: Yes No If yo				
Highest level of education achieved:				
How's your upper body and core strengt	:h:			
Is one hand/arm stronger than the other	r:			
How did you hear about us:				
What made you decide to apply to Missi				
Any health concerns we should be aware	e 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:			2 Pag

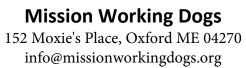






How many people in the household:	Please list name, age, relationships:
1)	
2)	
3)	
4)	
What time do you generally get up:	What time do you go to bed:
Do you nap/rest during the day: Yes	No Do you smoke: Yes No
What are your hobbies/interests:	
What's a typical day like for you:	
Do you drive: Yes No How	v often do you travel:
	d:
If you have other pets, please provide you	ur 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 clas	ses: Yes No
Where will the Working Dog be during th	e day:
Where will the Working Dog be at night:	
	to relieve itself:
	Initial: 3 P a g e







Where will the Working Dog be e	xercised:
Where will the Working Dog have	e play/free time:
How many hours a day will the W	orking Dog be alone:
If accepted, will you be able to co	me to the training center for weekly classes to work with the
dog until they are ready for the n	ext phase:
If you had help filling out this app	lication, please list the person who helped:
Name:	Relationship:
Contact information:	
Consent to Contact	
Dogs to contact my employer, sch ability to care for the dog, and an qualifications to help train a work	, give consent for staff from Mission Working nool, veterinarian, references and helpers with regard to my y other necessary questions for the purpose of assessing my king dog and ability to provide a suitable environment for the orking Dogs may also conduct a criminal background check at ent of a Working Dog with me.
represents my needs and present accurate, and honest information a Working Dog from Mission Wor	nowledge, the information provided in this application is situation. I understand that failure to provide complete, will permanently disqualify me from being eligible to receive king Dogs. This would also result in immediate removal from if I have already been accepted under false pretenses.
scheduled, applicant/candidate f	Working Dogs reserves the right to remove any accepted, or rom the waiting list, at any time, for any reason. I understand Dogs does not feel would be a good fit for our program can by raiser for our agency.
Signed:	Date: