



Power Paws Assistance Dogs

"Assistance Dogs Empowering People for Independence"



Breeder Caretaker Application

Applicant's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Fax _____

Cell Phone _____ Pager Number _____

Email Address _____ Work Email Address _____

Work Address _____

City, State, Zip _____

Work Phone _____

Name of Nearest Relative _____

Address of Relative _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Breed of dog desired _____ Sex of dog desired _____

Number of children in your home _____ Ages _____

Do you have other animals in your home? Y N

What kind and ages _____

Do you have a fenced yard _____

Name of your veterinarian (if any) _____

Phone _____

Address _____

City, State, Zip _____



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References

Application must be accompanied by two references. Please list below

Name _____

Association _____

Address _____

City, State, Zip _____

Home Phone _____

Name _____

Association _____

Address _____

City, State, Zip _____

Home Phone _____

Power Paws Assistance Dogs
PO Box 1163, Scottsdale, AZ 85252
Phone: (480) 945-0754 Fax: (480) 945-0525
Email meg@azpowerpaws.org
www.AZPowerPaws.org