

# Power Paws Assistance Dogs

1201 N. 85<sup>th</sup> Pl. Ste. B101~ Scottsdale, AZ 85257  
Phone 480-970-1322 ~ Fax 480-947-3090  
[www.azpowerpaws.org](http://www.azpowerpaws.org)

## PUPPY RAISER APPLICATION

Name \_\_\_\_\_ **Puppy Name** \_\_\_\_\_

Address \_\_\_\_\_ **Puppy's Date of Birth** \_\_\_\_\_

\_\_\_\_\_ **Puppy's Sex** \_\_\_\_\_ **Breed** \_\_\_\_\_

Phone \_\_\_\_\_ **Date Puppy Placed** \_\_\_\_\_

Cell Phone Numbers \_\_\_\_\_

Age \_\_\_\_\_ Sex M F Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_

Do you live in : House Apartment Condo Acreage Other \_\_\_\_\_

Please list ALL family and household members.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

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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 \_\_\_\_\_

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

**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**

**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 assistance dogs, and if released from Power Paws, the Executive Director will decide the placement of the dog. \_\_\_\_\_ (initial)

If a puppy is chosen to become a breeder for Power Paws the Puppy Raiser Family may 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 OFA x-rays.  
\_\_\_\_\_ (initial)

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, puppy raiser only.**

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**Please tell us what you expect of Power Paws in your puppyraising experience.**

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## **Power Paws Assistance Dogs**

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### **Power Paws asks its Puppy Raisers to agree to the following guidelines:**

#### **The puppy must live indoors and sleep on the floor or in a crate in the puppy raiser's bedroom.**

Young puppies must be supervised throughout the day.

The foster family shall pay veterinary, feeding and transportation costs to and from the closest Power Paws facility. Power Paws may ask you to have the puppy Microchip at 16 weeks of age, if not already Microchipped.

Puppy is to be fed according to Power Paws specifications.

Puppy shall live with the foster family until approximately 13-18 months of age. Power Paws shall determine when the puppy is to be returned to our facility.

Foster family must have an enclosed yard.

Visits to foster family's residence by Power Paws representative will occur periodically with reasonable prior notice given.

Foster family agrees to return puppy upon request.

If the puppy raiser finds it necessary to board the puppy, contact Power Paws first. We may be able to find a puppy sitter for you, instead of you incurring the cost of a boarding kennel.

Puppy raisers must be at least 18 years of age, unless determined otherwise by Power Paws.

The Power Paws puppy should be the only young puppy (12 months and under) in the foster family household.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**INDEMNITY, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK**

I, \_\_\_\_\_, **(Adult)** have agreed to train, handle, and otherwise work with an assistance dog (the "Assistance Dog") owned by Power Paws Assistance Dogs, Inc. ("Power Paws").

I, \_\_\_\_\_, am the (parent and legal guardian) of, \_\_\_\_\_, **(Minor)** a minor, and have agreed, with Minor, to train, handle, and otherwise raise an assistance dog (the "Assistance Dog") owned by Power Paws Assistance Dogs, Inc. ("Power Paws").

**INDEMNITY, WAIVER, AND RELEASE OF LIABILITY**

In carrying out these responsibilities, I HEREBY WAIVE, RELEASE, AND FOREVER DISCHARGE AND AGREE TO SAVE, DEFEND, INDEMNIFY AND HOLD HARMLESS POWER PAWS AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS, APPRENTICES, TRAINERS, DONORS, AND/OR REPRESENTATIVES OF AND FROM ALL LIABILITY CLAIMS, DEMANDS, CAUSES OF ACTION AND POSSIBLE CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY (INCLUDING DEATH) THAT MAY BE SUSTAINED BY MINOR, MYSELF, OR ANY OTHER INDIVIDUAL OR ANY PROPERTY, OR THAT MAY OTHERWISE ACCRUE TO ANY ASSIGNEES, HEIRS, GUARDIANS, NEXT OF KIN, SPOUSES, PARTNERS AND/OR LEGAL REPRESENTATIVES OF MINOR, MYSELF, OR ANY OTHER INDIVIDUAL ARISING FROM ANY ACT (OR FAILURE TO ACT) BY THE ASSISTANCE DOG, INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS OF NEGLIGENCE OR VIOLATIONS OF A.R.S. § 11-1020 DOGS, LIABILITY; A.R.S. § 11-1024(D) SERVICE ANIMAL HANDLER LIABILITY; OR A.R.S. § 11-1025 DOG BITE LIABILITY. THIS RELEASE DOES NOT APPLY TO CLAIMS ARISING FROM POWER PAWS' GROSS NEGLIGENCE OR INTENTIONAL CONDUCT. \_\_\_\_ (initial)

**ASSUMPTION OF RISK**

I understand that the behavior of domestic animals, including the Assistance Dog, is unpredictable and that there are inherent risks associated with domestic animals, including the Assistance Dog, which include, but are not limited to, bodily injury or the spread of disease as a result of being in close proximity to the Assistance Dog. I further acknowledge and understand that personal injury (including death) or property damage may occur as a result of certain canine behaviors, including, but not limited to, biting; jumping; running; quickly walking; pulling on leashes; not responding to commands; stepping on individuals; unpredictable reactions to sounds; or sudden movements due to unfamiliar objects, persons or other animals, including other dogs. KNOWING THE RISKS OF USING, OWNING AND HANDLING DOMESTIC ANIMALS (INCLUDING THE ASSISTANCE DOG) I, NEVERTHELESS, HEREBY AGREE TO ASSUME THOSE RISKS ON BEHALF OF MINOR AND MYSELF AS TRAINER, HANDLER, AND RAISER OF THE ASSISTANCE DOG, AND TO WAIVE, RELEASE, DEFEND, INDEMNIFY AND HOLD HARMLESS POWER PAWS AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS VOLUNTEERS, APPRENTICES, TRAINERS, DONORS, AND/OR REPRESENTATIVES FROM ALL LIABILITY CLAIMS, DEMANDS, CAUSES OF ACTION AND POSSIBLE CAUSES OF ACTION WHATSOEVER, ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY (INCLUDING DEATH) THAT MAY BE SUSTAINED BY MINOR MYSELF, OR ANY OTHER INDIVIDUAL OR ANY PROPERTY, OR THAT MAY OTHERWISE ACCRUE TO ANY ASSIGNEES, HEIRS, GUARDIANS, NEXT OF KIN, SPOUSES, PARTNERS AND/OR LEGAL REPRESENTATIVES OF MINOR, MYSELF, OR ANY OTHER INDIVIDUAL ARISING FROM ANY ACT (OR FAILURE TO ACT) BY THE ASSISTANCE DOG, INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS OF NEGLIGENCE OR VIOLATIONS OF A.R.S. § 11-1020 DOGS, LIABILITY; A.R.S. § 11-1024(D) SERVICE ANIMAL HANDLER LIABILITY; OR A.R.S. § 11-1025 DOG BITE LIABILITY. \_\_\_\_ (initial)

**I have read this agreement carefully and understand its contents. I am aware that this INDEMNITY, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK forms a binding contract between Power Paws, Minor and myself, and I sign it of my own free will as guardian for Minor and trainer/handler/raiser of the Assistance Dog.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

As guardian of \_\_\_\_\_ and trainer/handler/raiser of the Assistance Dog

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## Media Authorization and Release

Subject to the terms and conditions set forth herein this Agreement, I, \_\_\_\_\_ do hereby authorize Power Paws Assistance Dogs, Inc., its successors and assigns and those acting under its permission and on its authority, to copyright, use, and publish for art, sales materials, advertising, promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images of me and/or my dog(s) or other animals, or in which I/we may be included, in whole or in part or composite or distorted in character, or form, in conjunction with my/our own or a fictitious name, or reproductions thereof in color or otherwise made through any medium. Any and all comments made by me are provided to Power Paws Assistance Dogs, Inc. without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief.

The undersigned further warrants that he is of full age and has every right to contract in his own name in the above regard and further that he has read the above authorization and release, prior to its execution, and that he is fully familiar with the contents thereof.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

If person is a minor, then parent or legal guardian must sign below:

I, the undersigned, hereby consent to the foregoing conditions and warrant that I have the authority to grant such consent.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_