

Power Paws Assistance Dogs

1201 N. 85th Pl. Ste. B101~ Scottsdale, AZ 85257

Phone 480-970-1322 ~ Fax 480-947-3090

www.azpowerpaws.org

PUPPY RAISER APPLICATION

Email your completed Application to Val@azpowerpaws.org

Name _____ Application Date _____

Address _____

City _____ State: _____ Zip _____

Cell Phone _____ Home Phone: _____

Age _____ Sex M F Marital Status _____

Email Address _____

Your Employer _____ Position _____

Work Address _____

Work Phone _____ May we contact you at work if necessary? YES NO

Would the puppy be attending work with you? YES NO

Which volunteer role are you applying for?

Puppy Raiser _____ Puppy Sitter _____ Final Training Home _____

If applying as a puppy sitter, how long would you be able to house a dog? _____

If applying as a final training home, are you able to bring and pick up the dog to/from our facility M-F?

YES NO

HOME/YARD/PET INFORMATION

Do you live in: _____ House _____ Apartment _____ Condo _____ Acreage _____ Other

Do you have a fenced yard? YES NO

If NO, how do you plan to exercise your puppy? _____

If rented, does your home/apartment allow pets? YES NO

Does anyone in your household have any dog allergies? YES NO

How many dogs currently reside in your home? _____

Please list ALL family and household members. Please also include their age if under 18.

Name _____ Relationship to you _____ Age _____

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What other types of animals reside in your home? _____

Please list the animals residing in your home.

Name _____	Breed _____	Age _____	Spayed/Neutered	YES	NO	N/A
Name _____	Breed _____	Age _____	Spayed/Neutered	YES	NO	N/A
Name _____	Breed _____	Age _____	Spayed/Neutered	YES	NO	N/A
Name _____	Breed _____	Age _____	Spayed/Neutered	YES	NO	N/A
Name _____	Breed _____	Age _____	Spayed/Neutered	YES	NO	N/A

How Long would your puppy spend alone at home in a typical day? _____

Is everyone in your household supportive of the decision to raise an assistance dog? _____

Which members of the household would be participating in the raising of the puppy?

Are you willing to take a puppy that needs crate and potty training? _____

EXPERIENCE/OTHER INFORMATION

Have you been a puppy raiser before? _____

If YES, with which organization? _____

Do you have any dog training experience? YES NO If YES, please explain: _____

How would you explain your training personality? _____

Do you have a preference in breed, gender, or color? Y N If yes, please explain

**THIS DOES NOT GUARANTEE THAT YOU WILL RECEIVE WHAT IS LISTED ABOVE.*

Are you willing and able to take a puppy (16 weeks of age or older) to work or school every day? Y N

Are you willing to crate the puppy when you cannot supervise him or her? Y N

Power Paws communicates through email, Facebook, and other online tools. Are you willing/able to check email and Facebook on a daily basis and sign up for classes and outings online? 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

Do you have any known engagements that would require a puppy sitter for the next six months? Y N
If YES, please list the dates: _____

How did you hear about Power Paws?

_____ Social Media _____ Event _____ Web Site _____ Referral _____ Other _____

Referred by? _____

Please tell us why you would like to be a Puppy Raiser for Power Paws. Please include what kind of participation you are interested in, such as fund raising, committee member, Puppy Raiser only. Please list any skills, talents, or experience that you think could help Power Paws.

Please tell us what you expect of Power Paws in your Puppy Raising experience.

Applicant Signature: _____ Printed _____ Date _____

Applicant Signature: _____ Printed _____ Date _____

Applicants under 18 must have parent/guardian signature

Parent/Guardian Signature: _____ Printed _____ Date _____

****STAFF USE ONLY****

Puppy Name: _____ Puppy litter: _____ DOB: _____
Sex: _____ Breed: _____ Date of Placement: _____