



**Wisconsin Academy  
for Graduate Service Dogs, Inc.**

[www.wags.net](http://www.wags.net)

1338 Dewey Court  
Madison, WI 53703  
(608) 250 - WAGS (9247)

***Volunteer Puppy Raiser  
Application***

**Please print this form, complete and mail to WAGS. Thank you.**

**TODAY'S DATE:** \_\_\_\_\_

How did you learn about WAGS? \_\_\_\_\_

**GENERAL INFORMATION:**

Name (Last, First, Middle Initial): \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mode of Transportation \_\_\_\_\_

Home Phone#: (     )     -     Email Address: \_\_\_\_\_

Work Phone#: (     )     -     Email Address: \_\_\_\_\_

WAGS uses email as its primary means of communication. Should we use:     Home     Work

**EMPLOYMENT INFORMATION (or COLLEGE if currently a student):**

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Title (degree if in college) and # of hours you are there per week: \_\_\_\_\_

Please describe your work/school environment: \_\_\_\_\_

Has your employer given you written permission allowing you to have a *Service Dog in Training* with you while at work?     Yes, a copy is attached.     No

If No, please explain circumstances: \_\_\_\_\_

Please describe a typical day for you: \_\_\_\_\_

Please describe your feelings about returning a dog to WAGS for placement with a person with a disability: \_\_\_\_\_

**LIVING ARRANGEMENT INFORMATION:**

Do you live in a: House Apartment Condo Mobile Home Other \_\_\_\_\_

How many years at this residence? \_\_\_\_\_

Do you: Rent Own Live with parents/ relatives Other \_\_\_\_\_

If renting, Landlord's Name: \_\_\_\_\_ Phone#: ( ) -

Do you have a fenced yard? Yes Type of fence: \_\_\_\_\_ No

Does your current residence allow pets? Yes No

Does anyone in your household have allergies to animals? Yes No

If yes, please provide a brief explanation: \_\_\_\_\_

Please list all members of your household:

Name	Age	Relationship

Please list all the pets you currently have in your household:

	Species/ Breed	Sex	Age/Weight	Neutered/Spayed	Length of ownership	Kept in the house
Pet #1:		M F		Yes No		Yes No
Pet #2:		M F		Yes No		Yes No
Pet #3:		M F		Yes No		Yes No
Pet #4:		M F		Yes No		Yes No

You must provide proof of vaccination for the animals listed above. Please send with this application.

Please explain what types of pets you have owned in the past, weight, where they lived (indoors or outdoors – kennel/run), where they stayed when you were not home and what happened to them (use back of form if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS INFORMATION:**

Please describe any prior experience you have had with:

Dog Training (when, where, training techniques, skills taught): \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

**Personal Reference (not related to you):**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

H or W Phone # (best): (     )     -                      Relationship to you: \_\_\_\_\_

**Personal Reference (not related to you):**

Name: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Work Phone #: (     )     -                      Relationship to you: \_\_\_\_\_

**Current Veterinarian:**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Phone#: (     )     -

If your application is approved, when will you be ready to take a WAGS dog? \_\_\_\_\_

**To the best of my knowledge, the above information is true and accurate. I authorize my veterinarian to release any information requested by WAGS.**

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read and sign the Agreement to Terms of Service and return with this signed application.**

**AGREEMENT TO TERMS OF SERVICE**

1. The dog I am raising belongs to WAGS.
2. I am at least 18 years of age.
3. I will maintain a smoke-free home environment at all times. No smokers may reside in my home.
4. A home visit will be completed by WAGS staff if this application is accepted to see where the dog will live, sleep, exercise and interact with the rest of the household. If necessary, WAGS staff will visit my workplace or school.
5. If existing pets are in the home, WAGS staff will determine if the pets are safe behaviorally and medically. Prior to placement of a WAGS dog, current dogs must come to the WAGS facility to interact with a WAGS dog. If acceptable interactions, a WAGS dog will be brought to my home to interact with my dog(s) and/or other pets.

6. Prior to acceptance, I am required to attend Volunteer Orientation, read the Puppy Raiser Manual presented to me by WAGS, attend one training session and one field trip.
7. I will follow training guidelines and use training equipment as directed by WAGS.
8. I am required to attend classes at the WAGS facility and privately in my home, take the dog to public venues as deemed appropriate by WAGS staff, and spend time training and socializing the dog.
9. I may be required to attend a pet dog class in the Greater Dane County area if this will help with the dog's socialization or skills. If necessary, I will assume financial responsibility for this class.
10. I am required to submit monthly progress reports provided by WAGS and to promptly report behavioral, medical or training issues to WAGS.
11. I am responsible for and assume financial responsibility for the dog's food, treats, bedding, toys, and other supplies. Collars, leashes, vests, crates and WAGS literature are provided.
12. Following WAGS protocols and schedules for veterinary care, I will take the dog to a veterinarian selected by WAGS for routine vaccinations as well as emergencies.
13. I am responsible for veterinary bills and will submit the paid invoice as well as copies of medical records to WAGS for reimbursement.
14. The dog will be neutered/spayed when determined by WAGS.
15. The dog will eat a quality dog food recommended and approved by WAGS. The dog will not be allowed to become overweight.
16. The dog must become accustomed to being handled for grooming, teeth brushing and nail trimming.
17. I am responsible for teaching the dog to be well mannered, crate trained, friendly to people and animals as well as being the dog's primary trainer of Service Dog skills.
18. I will not allow the dog to be off leash except in an enclosed, safe area. WAGS dogs are not allowed in dog parks or on furniture in the home.
19. I will return the dog to WAGS upon request for observation, specific training, etc.
20. I understand that all the decisions about the dog's placement will be made by WAGS staff.
21. The dog may be placed at any time as determined by WAGS staff, and, as a result, might not participate in completion of the WAGS Service Dog program.
22. If I am not allowed to enter a business with a WAGS Service Dog in Training, I will politely leave if educating management about public access of Service Dogs does not resolve the issue. I will then notify WAGS staff for follow-up visit with the business by WAGS staff.
23. I will represent WAGS responsibly by educating myself about the Service Dog industry, people with disabilities, the WAGS program, and through positive treatment of the WAGS dog at home and in public.

**I have read and understand the above requirements to be a WAGS Puppy Raiser. My signature signifies acceptance of all the terms stated above.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_