



**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 Sitter  
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):**

Work/CollegeName: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Title and number of hours you are there per week: \_\_\_\_\_

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

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

**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#: ( ) -

Does your current residence allow pets? Yes No

Do you have a fenced yard? Yes Type of fence:\_\_\_\_\_ 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):

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**REFERENCES:**

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

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

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

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

**Professional Reference:**

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

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

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

**Current Veterinarian Reference:**

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

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

Work 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 SIGN THIS AGREEMENT AND RETURN WITH THE SITTER APPLICATION.**

1. The dog I am Sitting for belongs to WAGS.
2. I am at least 21 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.
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 WAGS facility to interact with a WAGS dog. If necessary, a WAGS dog may then be brought to my home to interact with my dog(s).
6. I am required to read the Volunteer Sitter information presented to me by WAGS, follow sitting guidelines and use equipment as directed by WAGS.

7. I understand that this dog is not allowed in public places with me even though it is a WAGS Service Dog in Training. That, as a Volunteer Sitter, I do not train this dog or have public access with this dog.
8. I am required to report behavioral or medical issues to WAGS.
9. Following WAGS protocols and schedules for veterinary care, in the event of an emergency, I will take the dog to a veterinarian selected by WAGS.
10. I am responsible for veterinary bills and will submit the paid invoice as well as medical records to WAGS for reimbursement.
11. The dog will eat only the food provided by the trainer or WAGS staff.
12. I will not allow the dog to be off leash unless in an enclosed, safe area.
13. I will return the dog to WAGS upon request.
14. I understand that all decisions about the dog's placement will be made by WAGS staff.
15. 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 Sitter. My signature signifies acceptance of all the terms stated above.**

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