



**Wisconsin Academy for Graduate Service Dogs, Inc.**  
 1337 Greenway Cross, #157  
 Madison, WI 53713  
 (608) 250 - WAGS (9247)

***Retired/Non-Graduate Dog Application***

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

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

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

**WAGS dogs are released due to medical or behavioral issues.**

- Medical issues could range from allergies or ear infections to arthritis or hip dysplasia. Would you consider adopting a dog with medical needs? Yes No

**GENERAL INFORMATION:**

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

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

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/College Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Number of hours you are there per week: \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

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

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

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

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:

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**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: \_\_\_\_\_

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

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

**Current Veterinarian Reference:**

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

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

Phone #: (     )     -

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

**The above information is true and accurate. I authorize my veterinarian to release any information requested by WAGS.**

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