



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 (M/F)	Age/Weight	Neutered/Spayed (Y/N)	Length of ownership	Kept in the house (Y/ N)
Pet #1:						
Pet #2:						
Pet #3:						
Pet #4:						

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:

_ 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: _____