



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

Volunteer Puppy Raiser Application

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

Today's Date: _____

Applicant Information

Name: _____

Address: _____

Birthdate: _____

Phone: _____ home _____ work

_____ cell

Email: _____ home

_____ work

Employment Information

Employer: _____

Address: _____

Job Title: _____

Typical Work Schedule: _____

Please describe a typical work day:

Has your employer given you written permission to have a Service Dog in Training with you at work? *If YES, please attach a copy. If NO, please explain circumstances:*

Household Information

Do you live in a: House Condo Apartment Duplex Mobile Home

Fenced Yard: Yes No

Do you: Rent Own

If renting: Landlord's Name _____

 Phone _____

Are pets allowed? Yes No

Note: A "No Pets" policy does not apply to Service Dogs in Training

Please list all members of your household:

Name	Relationship	Age

Please list all pets you currently have in your household:

Pet Name	Species/Breed	Sex	Age	Neutered Or Spayed
				Yes/No
				Yes/No
				Yes/No
				Yes/No

**** Please attach proof of vaccination for all of the pets listed above****

Current Veterinarian

Name: _____

Clinic: _____

Address: _____

Phone: _____

Previous Dog Training Experience *(please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Family Dog Training | <input type="checkbox"/> Agility |
| <input type="checkbox"/> Basic Hunting Skills | <input type="checkbox"/> Conformation |
| <input type="checkbox"/> Obedience/Rally | <input type="checkbox"/> Therapy or Service Dog Training |

Describe

Explain why you want to be a volunteer Puppy Raiser

If your application is approved, when would you be ready to take a WAGS dog? _____

To the best of my knowledge, the above information is true and complete. I agree to provide additional information upon request.

Applicant Name (print) _____

Applicant Signature: _____

Date: _____

**** Please read and sign the attached 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 will maintain a smoke-free home environment at all times. No smokers may reside in my home.
3. I understand that WAGS is committed to using positive reinforcement training methods. I agree to follow all training guidelines and protocols as presented to me by WAGS.
4. I am required to attend training classes at the WAGS facility as well as individual training sessions with WAGS staff.
5. I will take the dog to public venues as deemed appropriate by WAGS, and will spend time training in public and socializing the dog.
6. Under the supervision of WAGS Staff, I am responsible for teaching the dog obedience skills, service dog skills and shaping appropriate behavior in the home and in public.
7. I am responsible for regularly grooming the dog, including nail trimming and teeth brushing.
8. I may be required to attend a pet dog class in the Dane County area if this will help with the dog's socialization or skill development. If necessary, I will assume financial responsibility for this class.
9. I am required to follow and complete training plans and reports as directed, and to promptly report behavioral, medical or training issues to WAGS.
10. I am responsible for and assume financial responsibility for the dog's food, treats, bedding, toys, and other supplies. Collars, leashes, vests, and crates will be provided by WAGS.
11. The dog will eat a quality dog food recommended and approved by WAGS. The dog will not be allowed to become overweight.
12. Following WAGS protocols and schedules for veterinary care, I will take the dog to a veterinarian selected by WAGS for routine care 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. I will not allow the dog to be off leash except in an enclosed, safe area. WAGS dogs are not allowed at dog parks.
16. I will not allow the dog on furniture in the home unless directed by WAGS.

17. If I am not allowed to enter a business with a WAGS Service Dog in Training, I will politely leave if educating the management about public access for Service Dogs does not resolve the issue. I will then notify the WAGS staff so they can make a follow-up visit with the business.
18. I will return the dog to WAGS upon request for observation and specific training.
19. I understand that all decisions about the dog's placement or release will be made by WAGS staff.
20. Travel with a WAGS dog is subject to approval by WAGS staff. I agree to inform WAGS of all proposed travel plans; if a trip is approved, I agree to follow all WAGS guidelines and protocols for travel.
21. I agree to follow WAGS guidelines for posting to social media about WAGS dogs in training, WAGS clients, events and members of the general public associated with WAGS.
22. I will represent WAGS responsibly by educating myself about the Service Dog industry, people with disabilities, and the WAGS program, and by using positive training methods with a WAGS dog at home and in public.
23. I understand that training a dog involves exposure to certain risks including bodily injury and/or damage to personal property. I agree to hold WAGS harmless in the occurrence of such an event.

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 _____