



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

Puppy Sitter Application Form

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

Today's Date: _____

Applicant Information

Name: _____

Address: _____

Birthdate: _____

Phone: _____ home _____ work _____ cell

Email: _____ home
 _____ work

Household Information

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

Fenced Yard: Yes No

Do you: Rent Own Live with relatives

If renting, Landlord's Name: _____

Phone: _____

Are pets allowed? Yes / No _____

Please list all members of your household:

Name	Relationship	Age

Is anyone in your household allergic to dogs? Yes / No _____

Please list all pets you currently have in your household:

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

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

Please tell us about pets you have owned in the past. Include where they lived (indoors vs. outdoors), where they stayed when you were not home, and what happened to them.

Current Veterinarian

Name: _____

Address: _____

Phone: _____

Employment Information (if applicable)

Occupation: _____

Employer: _____

Address: _____

Typical Work Schedule:

Education Information

Are you currently a student? Yes No

If yes: What school are you attending? _____

How many hours/day are you in school (average): _____

References (non-family)

Name: _____

Phone: _____ E-mail _____

Relationship to you: _____

Name: _____

Phone: _____ E-mail _____

Relationship to you: _____

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 accurate. I authorize my veterinarian to release any information requested by WAGS.

Applicant name (print) _____

Applicant Signature _____ Date: _____