

PUPPY RAISER/SITTER APPLICATION



Note: all applicants must be 18 years of age or older

Please print clearly.

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

Date of Birth (mm/dd/yyyy): _____

Drivers License Number _____ State of Issue _____

Who will be the primary caregiver and trainer of the puppy?	
Applicant's Occupation	
Place of Employment	
Street Address	
City	ST Zip
Phone	
Do you live in a HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> Other <input type="checkbox"/>	
If OTHER, please describe:	
Do you RENT <input type="checkbox"/> OWN <input type="checkbox"/>	
If you rent, we will need to contact your landlord or management company. Please provide name and telephone number	
Please list everyone in the household by name and age	

Is anyone in your household allergic to, or afraid of domestic animals? YES NO

If yes, please explain:

Please describe the area of your home where the canine would be kept.

During the day:

At night:

Do you have a fenced yard? YES NO

If yes, what type?

Please understand that the canine should not be left alone for more than a 4 hour period.

Will you, or someone who lives with you, be able to keep that commitment? YES NO

Will you be able to transport the canine to daycare and a veterinarian? YES NO

Do you currently have pets in your household? YES NO

If yes, please list the species and age of each pet:

Have you ever raised a dog? YES NO

If yes, how many and from what age?

Please list any dog training courses you have had.

Please contact your veterinarian to grant permission for Tails of Valor, Paws of Honor Program, Inc. to obtain information related to your pets' health records. Please provide your regular Veterinarian's name and number.

Are all pets up to date on vaccinations? YES NO

Are all pets spayed/neutered? YES NO

Have you ever had a pet die at an early age or due to an accident? YES NO

If yes, please explain:

Have you ever surrendered an animal, either voluntarily or involuntarily? YES NO

If yes, please explain:

Do you have an area in your home where the canine could be isolated from your own pets, if necessary? YES NO

What date would you be able to start parenting?
Are you willing and able to commit to parenting for the full length of the program (approximately 12 mos)? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, for what length of time?
Are you currently parenting for another organization? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, which organization?
Please tell us about any present or previous volunteer experience, if any:
Have you had any domestic animal first aid training? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please describe
During your fostering services food, starter toys and treats, veterinarian services, training equipment and vests are provided. Your costs are any extras you would like to provide your canine while they are in your care. Are you prepared for the financial commitment required to be a Parent? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please tell us why you want to be a Puppy raiser for us:

Please list three references (mandatory for consideration – only one reference may be a relative)

1. _____

Name	Relationship
Organization	Contact info
2. _____

Name	Relationship
Organization	Contact info
3. _____

Name	Relationship
Organization	Contact info

Tails of Valor, Paws of Honor Program, Inc.

PUPPY RAISER/FOSTER PARENT RELEASE FORM



ACKNOWLEDGEMENT:

1. I wish to volunteer and provide a foster home for Tails of Valor, Paws of Honor Program, Inc.
2. I fully understand that whenever my volunteer work involves contact of any kind with animals, there is a risk and I accept this risk and will not hold Tails of Valor, Paws of Honor Program, Inc., or any of its representatives responsible in any way for any injury or illness that I or other members of my family/household may incur.
3. In consideration for the opportunity to perform volunteer work for Tails of Valor, Paws of Honor Program, Inc., I agree to fully release Tails of Valor, Paws of Honor Program, Inc., and its officers, volunteers or agents, from any and all liability for any damage or injury, whether arising from this contract, or a breach thereof, or from any act of negligence or gross negligence by Tails of Valor, Paws of Honor Program, Inc., its officers, volunteers or agents.
4. I understand that Tails of Valor, Paws of Honor Program, Inc. information given to me and all information that I will be privy to in the course of my volunteer work is of a confidential nature, and I agree that I will not disclose such information to any individual or group unless instructed to do so.
5. I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures, and policies of TVPH Program, Inc.
6. Tails of Valor, Paws of Honor Program, Inc. requires you to attend Canine Connection classes. (schedule will be provided)
7. I understand that any abuse of the animal will not be tolerated and may cause immediate return of animal to Tails of Valor, Paws of Honor Program, Inc.
8. I understand that the animal I am parenting is the property of Tails of Valor, Paws of Honor Program, Inc. I will return said animal at their request at any time. I will not transfer the animal to another person without the permission of Tails of Valor, Paws of Honor Program, Inc.
9. I acknowledge that all information provided is true and correct to the best of my knowledge and that I am 18 years or older.
10. I have read this agreement, and I fully understand and agree to abide by its terms.

Applicant Signature

Date