

Puppy Raiser Application



PATRIOT K9
OF WISCONSIN

Name:

Street Address:

City:

State:

Zip:

Email Address

Phone Number

Disclaimer: As a puppy raiser for Patriot K9s of Wisconsin you will be required to attend weekly puppy classes at PK9s training center. Signing below states you agree to this requirement.

Signature: _____

Why would you like to be a puppy raiser for Patriot K9s of Wisconsin?

When would you be ready to start?

Please list the names and ages of the members of your household.

Is anyone in the home a veteran or actively serving in the military?

Yes

No

Are all family members willing to contribute to puppy raising?

Yes

No

If no please explain:

Is anyone in your household allergic to dogs?

Do you own or rent your home?

Rent

Own

If you rent, do you have permission to have a dog in your home?

Yes

No

Is anyone in your home afraid of dogs?

Yes

No

Do you work? If so, Where?

Yes

No

Employer Name:

Address:

Phone Number:

May we contact for a reference?

Yes

No

How many hours will the puppy be left alone during the day?

Where will the puppy be left when its alone?

Please describe your home, yard and neighborhood. Include whether or not your yard is fenced.*

Do you have other dogs at home?

Yes

No

Number?

Breed?

Age?

Sex?

Spayed or Neutered?

How do your dogs react to other dogs?

Have you ever observed your dog growl, snap, cower, or avoid people or other dogs, for any reason?

Yes

No

Does your dog alert bark to noises, the doorbell or a knock on the door?

Yes

No

Sometimes

Do you have any other pets at home?

Yes

No

If yes, what type?

How old are they?

How do they react to dogs?

Have you previously owned a dog?

Yes

No

If yes, what happened to them?

Would you be comfortable with us making a home visit?

Yes

No

Are you willing to adhere to our policies to keep our dogs healthy and safe at all times, this includes keeping them on leash unless in a fully fenced in area, and providing adequate exercise and socialization?

Yes

No



What is your experience with dogs?

Obedience

Training

Handling

Showing

Fostering

Raising

Other

Please Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Emergency Contact Information:

Name:

Phone Number: Day: Night:

Relationship:

How did you hear about us?

Anything else you'd like us to know?

Please List three references

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

May we contact your references?

Yes

No

You may be subject to a criminal background check. Individuals convicted of a felony, domestic violence sexual offense of any kind and/or any type of animal mistreatment abuse, neglect or cruelty are ineligi

By signing below you agree that all information given is true and correct. By signing below you are agreeing to allow PK9s to check references and perform a criminal background.

Print Name: _____

Signature: _____

Date: _____

Thank You For Your Interest

Patriot K9s of Wisconsin

In My Darkest Hour When I Needed A Hand I Found Your Paw

9s

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