



# Mission Working Dogs

49 Ash Street, #1343, Lewiston, ME 04243  
MissionWorkingDogs@gmail.com



## Puppy Raiser Application

Applicant Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (If different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (MM-DD-YYYY): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Soc Sec Number for background check: \_\_\_\_\_ Gender/pronouns: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor: \_\_\_\_\_

Marital Status:      Single              Married              Separated              Divorced              Widowed  
                                 Domestic Partnership              Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Reference #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Personal Reference #3 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Is anyone in the household allergic to dogs:              Yes      No

Who will help with the dog if you become ill and cannot: \_\_\_\_\_

Helper phone: \_\_\_\_\_

Initial: \_\_\_\_\_



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Employment status (part, full, retired, unemployed): \_\_\_\_\_

Occupation: \_\_\_\_\_ Years experience: \_\_\_\_\_

If employed, is your employer aware you're applying to be a puppy raiser:      Yes      No

Place of Employment: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there a Service Dog policy at your work?      Yes      No

Do you volunteer:      Yes      NO      If yes, where: \_\_\_\_\_

Description of volunteer work: \_\_\_\_\_

\_\_\_\_\_

Are you a student:      Yes      No      If yes, where: \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_

How's your upper body and core strength: \_\_\_\_\_

Is one hand/arm stronger than the other: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

What made you decide to apply to Mission Working Dogs now: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any health concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you live in the city, a suburb, or rural area: \_\_\_\_\_

House or Apartment: \_\_\_\_\_ Own or Rent: \_\_\_\_\_

One level living or multiple floors: \_\_\_\_\_

Do you have a yard: \_\_\_\_\_ Fenced: \_\_\_\_\_

Please describe your neighborhood: \_\_\_\_\_

Initial: \_\_\_\_\_



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How many people in the household: \_\_\_\_\_ Please list name, age, relationships:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

What time do you generally get up: \_\_\_\_\_ What time do you go to bed: \_\_\_\_\_

Do you nap/rest during the day:    Yes    No    Do you smoke:    Yes    No

What are your hobbies/interests: \_\_\_\_\_

What's a typical day like for you: \_\_\_\_\_

Do you drive:    Yes    No    How often do you travel: \_\_\_\_\_

Please list any other pets in the household: \_\_\_\_\_

If you have other pets, please provide your veterinarian's contact information: \_\_\_\_\_

Direct neighbors pets: \_\_\_\_\_

Have you had a Service Dog before: Yes    No    Pet dog before:    Yes    No

Have you ever given away, surrendered, or sold a pet:    Yes    No

Have you ever attended dog training classes:    Yes    No

Where will the Working Dog be during the day: \_\_\_\_\_

Where will the Working Dog be at night: \_\_\_\_\_

Where will the Working Dog be expected to relieve itself: \_\_\_\_\_

Initial: \_\_\_\_\_



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Where will the Working Dog be exercised: \_\_\_\_\_

Where will the Working Dog have play/free time: \_\_\_\_\_

How many hours a day will the Working Dog be alone: \_\_\_\_\_

If accepted, will you be able to come to the training center for weekly classes to work with the dog until they are ready for the next phase: \_\_\_\_\_

If you had help filling out this application, please list the person who helped:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

### Consent to Contact

I, \_\_\_\_\_, give consent for staff from Mission Working Dogs to contact my employer, school, veterinarian, references and helpers with regard to my ability to care for the dog, and any other necessary questions for the purpose of assessing my qualifications to help train a working dog and ability to provide a suitable environment for the working dog to learn. Mission Working Dogs may also conduct a criminal background check at any time before or during placement of a Working Dog with me.

I certify that, to the best of my knowledge, the information provided in this application represents my needs and present situation. I understand that failure to provide complete, accurate, and honest information will permanently disqualify me from being eligible to receive a Working Dog from Mission Working Dogs. This would also result in immediate removal from either the program or waiting list if I have already been accepted under false pretenses.

I further understand that Mission Working Dogs reserves the right to remove any accepted, or scheduled, applicant/candidate from the waiting list, at any time, for any reason. I understand that any person Mission Working Dogs does not feel would be a good fit for our program can also be denied from being a puppy raiser for our agency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_