

Puppy Raiser/Foster Application

Applicants must be a minimum of 16 years old.

Minors must have parent permission.

Name: _____

Address: _____

Phone: Cell: _____ Home: _____

If a minor, name of parent: _____ Parent's Cell phone: _____

Best time to reach you? _____

Do you use Facebook? Yes No

Do you have an email address you check at least once a day? Yes No

Email address: _____ (Print clearly)

Name of veterinarian who will give you a reference: _____

Phone number: _____ Do we have your permission to call them? Yes No

Are you applying to be a temporary Foster home? Yes No

Are you applying to be a puppy raiser and able to bring your puppy to classes? Yes No

Are you willing to follow the directions and rules given to you by BASDT? Yes No

Are all members of the household interested in puppy raising and willing to comply with the rules and procedures?

Yes No

What are the ages of those who live in the house and their relationship to you?

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Which person will assume primary responsibility for the care of the puppy? _____

Who will be responsible for caring for the puppy if you are unavailable or busy? _____

If you live with your parents, are they supportive to your raising a puppy? Yes No

Parents's printed names and signatures they are supportive to your being a puppy raiser.

Is your yard fenced? Yes No

If yes, what type and how tall is your fence? _____ feet Type of fencing: _____

Do you work outside the home? Yes No

If yes, how many hours per day are you gone? _____

Do you have someone to care for the puppy or dog when you are at work? Yes No

If yes, who? _____ Does this person live with you? Yes No

If not, will this person be willing to follow the same rules and procedures as to the care? Yes No

Are you willing and able to bring the puppy or dog to obedience classes? Yes No

Are you willing to practice what you learned in class with your puppy or dog between classes? Yes No

Brothers and Sisters In Arms Dog Training

What is your experience with dogs - obedience, handling, showing, hunting, fostering, rescue, pets, etc.?

Do you agree to crate train any puppy or dog that we place in your house? Yes No

Do you agree that your puppy or dog must be in a crate or tethered when in a vehicle? Yes No

Do you understand you may need to housebreak your puppy or dog? Yes No

Are you willing to let the puppy run free in your home under your supervision? Yes No

Are you willing to take your puppy or dog out of your house a minimum of three days a week? (to Lowe's, Tractor Supply, a walk around the block) Yes No

Are any family members allergic to dogs? Yes No

Are any family members afraid of dogs? Yes No

Have you raised a puppy before? Yes No If yes, how many? _____

Do you have any other pets at home? Please print neatly. If you need more space please use the back.

Species (Cat, dog, etc.)	Breed	Age	Spayed or Neutered?	Male or Female	Inside or Outside

Are there any other animals that regularly come to your house? (Son's dog, daughter's cat, etc.) Yes No

Species (Cat, dog, etc.)	Breed	Age	Spayed or Neutered?	Male or Female	Inside or Outside

If you have a dog(s):

how does it react to strangers? _____

How does it react to thunder? _____

How does it react to people knocking at your door? _____

How does it react to cats? _____

How does it react to fireworks? _____

Printed Name

Signature

Date

Signature of parent/guardian if applicant is a minor

Date