



Puppy Raiser Application

Name _____ Phone _____

Email _____

Address _____ City, State _____

_____ ZIP _____

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 take a placement?

Please list the names and dates of birth for all 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? Yes No

Is anyone in your home afraid of dogs? Yes No

Do you own or rent your home? Rent Own

Please send completed application to:
info@patriotk9s.org or Patriot K9s of Wisconsin, 4105 Dixie Ave, Wausau, WI 54401



If you rent, do you have permission to have a dog in your home? Yes No N/A

Do you work? Yes No

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

May we contact your employer for a reference? Yes No

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

Where will the puppy be left when it is alone?

Describe your home, yard, and neighborhood (include fencing):

Do you have other dogs at home? Yes No

If yes, describe (number, breed, age, sex, spayed/neutered):

Do you have any other pets? Yes No

If yes, type, age, and reaction to dogs:

Have you previously owned a dog? Yes No

If yes, what happened to them?

What is your experience with dogs? (check all that apply)

Obedience Training Handling Showing Fostering Raising Other

Would you be comfortable with a home visit? Yes No

Please send completed application to:

info@patriotk9s.org or **Patriot K9s of Wisconsin, 4105 Dixie Ave, Wausau, WI 54401**



Are you willing to follow all safety and care policies? Yes No

Special skills or qualifications:

Emergency Contact Information

Name: _____

Phone (Daytime): _____

Relationship: _____

Phone (Night): _____

How did you hear about us? _____

Anything else you'd like us to know?

References:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

May we contact your references? Yes No

By signing below, you confirm all information is true and consent to background checks for all adult members of the household.

Print Name: _____

Signature: _____ **Date:** _____

We are grateful for your commitment to raising the next generation of service dogs.