



FOSTER FAMILY APPLICATION

Before completing this application, please review the following list of responsibilities:

1. Puppy Partners fosterers will provide for the care and well-being of a puppy to include:
 - A safe home environment
 - Food and other supplies for raising a puppy

2. Puppy Partners fosterers will participate in Service Dogs for America (SDA) puppy training and socialization classes 3 times per month. Puppy Partners are required to keep a training journal, submit a monthly puppy report and will report any behavioral or medical problems to the Puppy Partner manager.

3. Puppy Partners fosterers will provide a variety of socialization opportunities as outlined in the SDA Puppy Partners Program Frequently asked questions. Puppy Partners agree to follow SDA approved socialization and handling techniques with SDA's puppy.

4. Puppy Partners fosterers will provide transportation to and from training/socialization classes, veterinary visits, group outings and SDA events.

5. SDA requires all Puppy Partners fosterers to be willing and able to commit to the outlined responsibilities, as well as safely care for the puppy from 2 – 4 months of age until the required turn-in date of approximately 16-18 months of age. Puppy Partners must be willing and able to devote time each day to the complete care of the puppy, which includes abundant amounts of love and snuggling, feeding, grooming, socialization and daily exercise as recommended by SDA Puppy Partner staff.

6. Puppy Partners' foster care and training program will provide orientation to all new fosterers; provide access to puppy obedience and socialization classes, supply a Puppy starter kit and a Puppy Partner training manual and materials.

(* required information)

APPLICANT INFORMATION					
*Name:					
*Address:					
*City:		*State:		*Zip code:	
*Home Phone:			Cell Phone:		
*Email:			Work Phone:		
*Employer:			*Job Title:		
*Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		* Your age: <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-35 <input type="checkbox"/> 35-50 <input type="checkbox"/> 50-60 <input type="checkbox"/> 60+			

OTHER MEMBERS OF HOUSEHOLD

Name:	Relationship to applicant:	Age:
Name:	Relationship to applicant:	Age:
Name:	Relationship to applicant:	Age:
Name:	Relationship to applicant:	Age:

- *Do all the members in your family want to foster a puppy?: Yes No
- *If yes, have you decided who will be the puppy's primary handler?: Yes No
- *If more than one family member plans to participate in the care of the puppy, will that person(s) be able to attend puppy training and socialization classes with the primary handler?: Yes No

HOUSEHOLD INFORMATION

- *Do you own or rent your home?: Own Rent
- If renting, do you have permission to have a puppy in the house?: Yes No
- If renting, please provide landlord's name and phone:
- * Do you have a securely fenced yard?: Yes No
- * If not, are you willing to adapt your yard to make it safe for the puppy?: Yes No
- * Do you understand SDA puppies cannot be off leash unless in an enclosed area?: Yes No

PET INFORMATION

* Please list all animals currently in your home:

Breed or Type	Age	Sex	Spayed/Neutered? If not, why not?	Temperament

- * Can you provide proof of vaccinations for the animals listed above?: Yes No
- Please list behavior exhibited by one or more of the dogs in your home:
- Alert barking at door knock Protects food or toys (from other people or dogs)
 - Aggression (people or dogs) Other:

WORKPLACE INFORMATION

- Will you be able to take the SDA puppy to your workplace?: Yes No
- If yes, how often?:
- If yes, please describe your work environment?:
- If no, what are your plans for the puppy during the day?:

(* required information)

DAILY SCHEDULE INFORMATION	
* How many hours a day on average will the puppy be left alone?:*	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9+
* How many hours will the puppy be left alone at any one time?: *	<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9+
* Please describe a typical day for you (i.e., time you get up, go to work/school, other activities, bedtime, etc.):	
* How many hours per day are you able to spend working with the SDA puppy?:	
<input type="checkbox"/> 0-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9+	
* How much exercise can you give the puppy each day?:	
* How and where will you exercise the puppy?:	
TRAINING EXPERIENCE	
Have you ever trained a dog before?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what style of training did you use?:	
Are you willing to learn a completely new approach to training and discontinue using your previous methods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to crate train the puppy?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL QUESTIONS	
Are you willing to be a home that will take another puppy in for another fosterer for weekend or vacation break?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Weekend <input type="checkbox"/> One week <input type="checkbox"/> Two weeks <input type="checkbox"/> Other:	
* How did you learn about SDA's Puppy Partners program?:	
Do you have any experience working with people with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Please describe your feelings about returning the puppy to SDA for advanced training and then placement with a person with a disability?:	
Is there anything else you would like us to know about you?:	
Please provide the names of two references who do not reside with you:	
Name:	Phone Number:
Name:	Phone Number:
* If your application is accepted, when will you be ready to raise a puppy?	

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

**Puppy Partners
c/o Service Dogs for America
920 Short Street
Jud, ND 58484**

-OR- Fax completed application to: 1-877-783-6953



AGREEMENT TO TERMS OF SERVICE

EVERY PERSON APPLYING TO BECOME A PUPPY PARTNERS FOSTERER, MUST COMPLETE THIS AGREEMENT AND RETURN WITH THE PUPPY PARTNERS FOSTER FAMILY APPLICATION.

1. I understand that the dog I am raising belongs to Service Dogs for America (SDA).
2. I am required to follow the training and socializing guidelines presented to me by SDA.
3. I am required to attend regular obedience and socialization classes provided by SDA near my community 2 -3 times a month.
4. I am required to submit monthly progress reports and to promptly report behavioral, medical or training issues to SDA staff.
5. I am responsible for and assume financial responsibility for the puppy's feeding and general care.
6. I agree not to feed the puppy "human food" and will follow SDA's feeding and treat recommendations.
7. The puppy must eat a quality dog food recommended and approved by SDA. The puppy must not be allowed to become overweight.
8. SDA is financially responsible for veterinary care.
9. I agree to follow SDA's recommended vaccine schedule, treatment protocols and preventative care guidelines.
10. I am responsible for the transportation to and from the vet clinic and will take the dog to SDA's vet.
11. I will notify SDA when the female is in heat and agree to return the intact female to the facility in Jud, ND.
12. The puppy must be well versed in being handled for grooming, teeth brushing, and nail trimming.
13. I am required to teach the puppy to be well mannered, crate trained and friendly to people and animals.
14. I will not allow the puppy to be off leash unless in an enclosed safe area.
15. I understand that any decision about the dog's placement is to be made by SDA staff.
16. The dog may be placed at any time as determined by SDA staff.
17. If the dog is not placed as a SDA graduate, the dog may be offered to another assistance dog school or alternative agency (such as search & rescue/drug detection) solely at the discretion of the SDA staff prior to its release back to the puppy foster home.
18. If this agreement is not maintained, the dog will be placed with someone else and/or I will not be eligible to be a Puppy Partners fosterer for SDA.
19. SDA Puppy Partners program staff is available to assist me with any concerns or problems I encounter during my puppy fostering experience.

I have read and understand the above requirements to be a Puppy Partners Fosterer. My signature signifies acceptance of all the terms stated above.

Applicant Signature

Date