



# CANINE ASSISTANCE PARTNERS PUPPY RAISER APPLICATION



Applicant's Name: \_\_\_\_\_

(Print)

Date of Birth \_\_\_\_\_ Sex:  Male  Female  
Occupation: \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_

(Print)

Date of Birth \_\_\_\_\_ Sex:  Male  Female  
Occupation: \_\_\_\_\_

Name and ages of other family members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_  work  home  
Evening Phone Number: ( ) \_\_\_\_\_  work  home  
Other (fax, pager, etc.): ( ) \_\_\_\_\_

What are your primary reasons for wanting to raise a CAP puppy?

\_\_\_\_\_

\_\_\_\_\_

What, in your opinion, will be the hardest part of raising a CAP puppy?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to attend a course of obedience classes with your puppy?  Yes  No

Are you willing to provide a Monthly Progress Report for your CAP pup?  Yes  No

What are the breeds, sex and ages of the dogs currently living with you?

Please list all other pets living in your home:

---

---

Do you plan on obtaining any (other) pets within the next year?  Yes  No

If so, what and when: \_\_\_\_\_

Do you have an enclosed yard?  Yes  No

Nature (type) of enclosure: \_\_\_\_\_

Are you able to take the CAP puppy to your workplace?  Yes  No

Name, address, and type of business of your workplace:

---

Are you willing and able to pay for all veterinary care of the CAP puppy?  Yes  No

Are you willing and able to pay for feeding and other basic care of the CAP puppy?  
 Yes  No

Are you willing to foster any puppy, regardless of breed, color or sex?  Yes  No

Are you willing and able to pay for all transportation expenses for the CAP puppy to and from the training center?  Yes  No

Do you have any physical restrictions that would prevent you from lifting, correcting or restraining a 75-pound dog?  Yes  No

If your application is accepted, when will you be ready to receive a puppy?

---

Please list the name and address of your veterinarian:

Dr: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

On a separate sheet of paper, include a short essay (printed or typed) on your general lifestyle, home life environment, and general daily and weekly routines.

To the best of my knowledge, the above information is true and accurate. As a CAP puppy raiser, I agree to adhere to all requirements of Canine Assistance Partners and to be responsible for the care, feeding and training of my canine placement during the period that the puppy is in my home. I will attend regularly scheduled puppy classes and/or a CAP approved obedience-training program in my community. I recognize that this puppy is the property of Canine Assistance Partners, Inc. and I agree to return the puppy to CAP immediately upon request. I have read and fully understand the CAP Puppy Raiser Fact Sheet. I understand that Canine Assistance Partners, Inc. is a non-membership, non-profit agency, that volunteers are accepted and placed "at will" and as such my volunteer position with the organization may be terminated with or without cause.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (If under 18 years of age): \_\_\_\_\_  
Date: \_\_\_\_\_

**Please send completed application to:**

**Canine Assistance Partners, Inc.  
PO BOX 525  
Culp Creek, OR 97427**