



## NEADS Puppy Program Puppy Raiser Application

**Date:**

**Name:**

**Email Address:**

**Mailing Address:**

**Home Telephone:**

**Mobile Phone:**

**Business Address:**

**Position:**

**Best time to contact you and how:**

**How many members in your household?**

\_\_\_ adults

\_\_\_ children ages?

**Do you feel you can handle a young dog in training in addition to your everyday responsibilities?**

**Current Pets: All Pet dogs must be Spayed/Neutered**

Dogs #\_\_\_\_\_ Breed:

Ages, Sexes

Spayed/Neutered?

Crate trained?

Alert barking at door or anything outside?

Ever bark at people entering your home?

Fight history:

Bite history:

Growl history:

Health issues:

Flea and Tick Prevention:

**Do you understand that the NEADS dog in training will only be allowed very little interaction with your pet dog and are you willing to manage this carefully?**

Cats # \_\_\_\_\_

Ages, Sexes

Flea and Tick Prevention:

Previous experience with dogs:

Other pets \_\_\_\_\_ (All other pets must be caged at all times)

Please email short video footage of your house, yard and family dog. Please video your dog's reaction to doorbell and doorknock, as well as meeting 3 unfamiliar people and 3 unfamiliar dogs.

**Current Veterinarian:**

(Name and address please.)

**How did you hear about NEADS?**

**Do you have any previous puppy raising or dog training experience?** Yes No

*Please explain*

**Do you mind going out in public and are you comfortable with working a dog in the public eye? Do you anticipate having any problem with the attention that comes with training a dog in public?**

**Do you have any physical limitations that might affect your ability to train a dog?**

**Please describe any other dog experiences you have had, particularly any positive or negative:**

**Why do you want to help us raise a NEADS puppy?**

**How often would the pup be left alone and for how long (if at all)?**

*NEADS puppies cannot regularly be left alone for more than four hours at a time, and must be crated. \*\*\*NEADS Dogs must be supervised 100% of the time (or in crate).\*\*\**

**Do you own your own home?** Yes No

**Do you have a fenced-in yard?** Yes No

**Describe your home and yard and any potential safety issues for a dog:**

**Are you willing to provide progress reports and meet regularly at the NEADS training center in Princeton MA with the Puppy coordinator? (Full timers take weekly obedience classes and check in monthly, Weekend Raisers meet monthly and in some cases, weekly)**

**Do you have a reliable computer and do you readily use email?**

**How soon would you be able to commit and how flexible is your schedule?**

**Can you commit to working with a dog just about every weekend, from Friday through Sunday, for roughly a year?**

**Any other information you would like to provide?**

**What are your hobbies / interests?**

**Where would you be willing to volunteer?** *(please take a moment to consider, we would rather have you pick one that you are willing to drive to, rather than 3, 2 of which you'd really rather not drive to):*

PLEASE NOTE, THE RESPONSIBLE PARTY FOR THE PUP MUST BE AT LEAST 25 YEARS OF AGE, AND HANDLERS MUST BE AT LEAST 18 YEARS OF AGE.

Framingham, MA

Gardner, MA

Concord, MA

Norfolk, MA

Ayer, MA

Cranston, RI

*Thank you for your interest in our puppy program.*

*You will be contacted for an interview.*

*Please return to:*

Lacy Gillotti

c/o NEADS

PO Box 1100

Princeton, MA 01541

Updated 10/17 by AT