

Pilot Dogs, Inc.

Volunteer Puppy Raiser Application

Name:			Age of Primary	Raiser (If Youth)		
Parent's	s Name (If Youth):					
Street A	Address:					
City:		State:	Zip Code:			
Home F	Phone: ()	Cellular Phone: ()				
Email:						
Veterina	arian's Name:	_				
Street A	Address:					
Citv:		State:	Zip Code:			
,						
1.	Number of children in home:	Ages of children in home:				
2.						
3.						
4.	Can you provide a safe enclosed area in your ya		□ Yes	□ No		
5.	Are you prepared to provide the puppy with daily			□ No		
6.	Are you or any member of your household allerg		☐ Yes			
7.	Are you financially able to provide food and a do		□ Yes			
7. 8.	Do you have other pets in your home?		L 163	□ No		
			marianasa Da va			
9.	9. In addition to daily training, puppy raisers should introduce the puppy to a variety of experiences. Do you have time to commit to these					
10	activities?	□ No	مرم مراداناه المحمد			
10	Future Pilot Dogs grow quickly to their adult size				ı witti	
44	special needs. Do you have any concerns about					
11.	Do you have a preference as to which breed of p					
	Type of Breed Preferred:	or				
12	. Will this be a 4-H project? ☐ Yes					
	(If yes, please complete the following. If no, skip	•				
	Name of 4-H Club:	NACH.		0		
	Ohio County Showing in:		Will you show at the Ohio State Fair? ☐ Yes ☐ No			
	Advisor's Name:					
	Advisor's Phone Number:	Email Address:				
AGREE						
I unders	stand Pilot Dogs, Inc. will provide a puppy, a martin	gale collar, a leash, and veterinarian	expenses. Pilot Do	ogs, Inc. will pay the veterina	rian	
directly	for reasonable expenses incurred upon the veterin	arian forwarding the bills to Pilot Dogs	s, Inc. I will agree t	to notify Pilot Dogs, Inc. prior	to	
the ever	nt of serious illness, injury or extensive treatment e	xceeding \$100 (one hundred dollars).	Pilot Dogs, Inc. w	vill then reimburse me upon r	eceipt	
	ill. I wish to raise a puppy for Pilot Dogs, Inc. I agr					
	ent, take it with me on short car trips. I will try to fa					
	py regularly on leash, I will participate with the pup				9	
	ice course must be pre-approved by Pilot Dogs, Inc				al	
	es, and training received. These records will be av					
	he year and at the time the puppy is returned to Pil		TI Advisor, Exterisi	on otali, and i liot bogs, inc		
during t	the year and at the time the puppy is returned to the	ot bogs, inc.				
Mhon th	ao nunny is annrovimatoly 12.14 months of ago or	as requested by Pilot Dogs, Inc. I will	I roturn the animal t	to Pilot Dogs. Inc. to bogin		
	ne puppy is approximately 12-14 months of age or				ماسمسس	
	ve training as a dog guide. Pilot dogs, Inc. will notif					
	ew handler and the dog. In the event the puppy do					
dog to i	ts original donor. It is further agreed by myself and	Pilot Dogs, Inc. that I shall be respon	isible for accidents	wnich may occur to the dog.		
Deigo	Deiger or A I Members Circulture					
rimary	Raiser or 4-H Member's Signature:					
Parent's	s Signature (If Applicable):					