



DOGS WITH WINGS
ASSISTANCE DOG SOCIETY

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BOARDING HOME APPLICATION

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

NUMBER OF ADULTS AND AGES OF CHILDREN IN THE HOME: _____

OCCUPATION (S): _____

IS ONE ADULT AT HOME DURING THE DAY: Yes No

DETAILS: _____

IS YOUR PROPERTY OWNED OR RENTED: OWNED RENTED

IS YOUR YARD FENCED AND SECURE: Yes No

ARE YOU PREPARED FOR THE DOG TO LIVE IN THE HOUSE AS MEMBER OF THE FAMILY: Yes No

WOULD YOU HAVE ANY OUT OF BOUND AREAS FOR THE DOG: Yes No

DETAILS: _____

HAVE YOU HAD ANY EXPERIENCE WITH DOGS OR TRAINING: Yes No

DETAILS: _____

ARE THERE ANY PETS IN YOUR HOME: Yes No

DETAILS: _____

DO YOU HAVE ANY PREFERENCE TO THE BREED OR SEX OF THE DOG: Yes No

DETAILS: _____

WHEN ARE YOU AVAILABLE TO BOARD A DOG (WEEK-DAYS OR WEEK-ENDS): _____

WHAT AGE OF DOG ARE YOU WILLING TO TAKE (PUPPY OR ADULT): _____

WHY IS IT YOU WOULD LIKE TO TAKE PART IN OUR BOARDING HOME PROGRAM: _____

PLEASE INDICATE SPECIFIC TIMES OR DAYS THAT YOU ARE NOT AVAILABLE FOR BOARDING: _____

PERSONAL REFERENCES:

NAME: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN _____

COMMENTS: _____

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RELATIONSHIP: _____ YEARS KNOWN _____

COMMENTS: _____