

# Puppy Raiser Application

(Edmonton)

Date:

Name(s):

Address:

Main Phone:

Email:

Occupation(s)

Usual Hours of  
Work:

Are you over the age of 18?

Yes

No

How did you hear about DWW?

Special Skills/Interests (ie. Computer skills, handyman, animal health, etc.)

Do you own your own vehicle? (Required for Puppy Raiser Program)

Yes

No

Any Medical/Health Conditions?

What led you to apply to DWW as a Volunteer?

Why are you a good candidate to Volunteer for DWW?

Weekly Schedule: Help us to understand what a typical week and weekend looks like for you; including routines, activities, and public outings.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Are you willing to have our puppy live in your home as a member of your family?

Yes

No

Is your property owned or rented? (If rented, written landlord approval is required.)

Own

Rent

Number of adults in the home

Number of children living at home

Ages of  
children:

Is your yard fenced and secure?

Yes

No

Are there any areas of your home that would be out of bounds for our puppy?  
(Please note our puppies are required to sleep in your bedroom.)

Do you agree to not leave our puppy alone for an extended period greater than 2  
hours?

Yes

No

If No, please explain:

Will there be at least one adult at home during the day?

Yes

No

If accepted, when would you be able to begin raising a puppy?

Have you had any experience with dogs or training?

Do you currently have any pets at home?

Yes

No

If yes: How many?

What are they?

What are their  
ages?

Are their vaccinations up to date?

Yes

No

Do you currently volunteer or foster for another organization(s)?

Are you prepared to attend training lessons and/or other events at our Training Facility or in other areas of Edmonton?

Yes

No

Do you have a preference for the colour and/or sex of the puppy?

Yellow Labrador

Black Labrador

Female

Male

No Preference

Personal Reference:

Name:

Phone:

Email:

Relationship:

Years known:

Professional Reference:

Name:

Occupation/  
Company:

Relationship:

Phone:

Email:

Years known:

If you are unable to provide a Professional Reference, please explain why:

Do you agree to abide by the training program, health instruction, and rules/  
guidelines given to you by Dogs with Wings Instructors, Trainers, and Staff?

Yes

No

Comments or Questions: