



Heartland SERVICE DOGS

PUPPY RAISING VOLUNTEER APPLICATION & QUESTIONNAIRE

Heartland Service Dogs, Inc. (hereinafter referred to as "HSD")

11315 192nd St., Mokena, IL 60448

815-651-4327

Last name: _____ First name: _____ MI _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone 1 #: (_____) _____ Phone 2 #: (_____) _____

Emergency phone #: (_____) _____ E-mail address: _____

Date of Birth: _____

**** Please attach a copy of Driver's license or state ID with completed application**

An unsprayed female puppy will come into season during the puppy raising period. Are you able to provide safe and secure housing for a puppy in season: yes

Directions to home:

If youth (under the age of 18), name(s) of parent/guardian in home:

Spouse/partner name, if any: _____

Will everyone in the family participate in raising the puppy? Yes No

If "no," why? _____

How many people live in your home? _____

What are the ages of all people in your home? _____, _____, _____, _____, _____, _____, _____, _____, _____

Does anyone in your home have special needs? Yes No Please describe: _____

Have you owned a dog before? Yes No How many? _____ Breed(s): _____

Number of dogs you currently own? _____ Number living in your house? _____

Sex: M F Breed _____ Altered Intact Age _____ lives in house lives outside

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Sex: M F Breed _____ Altered Intact Age _____ lives in house lives outside

Number of cats _____ Number living in your house _____ Number of exotic cats _____

Do you own other animals? Describe: _____

Are all pets current on vaccinations? Yes No Wormings? Yes No Flea control? Yes No
(Please attach a copy of current vaccination records.)

Have you ever attended a dog obedience class? Yes No

Please describe the obedience class you have attended:

If you do not live in area with an active HSD puppy raising group, do you agree to attend an approved obedience class in your area at your own expense? Yes No

Would you accept a puppy with behavioral problems? Yes No

Health problems? Yes No Improper house manners? Yes No

What is the youngest age _____, oldest age _____ of a puppy that you would raise?

Do you have an escape-proof, fenced yard? Yes No

Do you own a dog house? Yes No Dog run/pen? Yes No Is it covered? Yes No

Do you have a ground-level swimming pool? Yes No Is it separately fenced? Yes No

Are you willing to keep your dog on leash when it is not in a secure area? Yes No

Are you willing to devote time daily to training, socialization and grooming? Yes No

Do you understand that this puppy must be raised as an "indoor dog" and must be allowed to sleep in the house? Yes

How many hours a day will the puppy be alone? _____

When left alone do you agree to keep the puppy in a crate (4 hours maximum), in an approved dog run (weather permitting) or confined to a specific area of the house? Yes

Will the puppy go to work with you? Yes No If yes, # days a week _____ # hours a day _____

Will the puppy go to school with you? Yes No If yes, # days a week? _____ # hours a day _____

Are you able to pay for all veterinary care? Yes No

Do you understand that A HSD representative may visit your home? Yes No

Do you understand that A HSD representative may visit your home periodically throughout the time you have the puppy and may do so unannounced? Yes No

Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:

I understand that by submitting this application I am authorizing Heartland Service Dogs Inc. to obtain a background check at any time before or during my volunteer participation. I have reviewed and agreed to the terms and conditions regarding this check and my rights with respect to reviewing or obtaining copies of any information provided.

INITIALS REQUIRED _____

I certify that my answers are true and complete to the best of my knowledge. I hereby release HSD, employers and other persons from all liability in responding to inquiries in connection with my application. If I am retained as a volunteer, I realize that false or misleading information given in my application or interview(s) may result in discharge. I also recognize that my application can be denied without cause and that if I am retained, I can be released at the will of the organization. I give Heartland Service Dogs, Inc. the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Heartland Service Dogs, Inc. to the public in any manner that HSD wishes from the date signed and in perpetuity.

I understand that I must notify HSD immediately whenever I have a change of address. Contact information for me including address, phone and email must be current at all times. Failure to notify HSD could result in immediate termination of volunteer responsibilities and forfeiture of any puppy in training or breeding stock in my care.

Signature of applicant: _____ Date: _____

If applicant is under 18 years, parent name: _____ Signature _____ Date: _____

Veterinary Information

Name of clinic: _____ Name of veterinarian: _____

Address: _____ City: _____

State: _____ Zip: _____ Office phone: (_____) _____

Will your veterinarian donate all or any of their services? Yes No

HEARTLAND SERVICE DOGS, INC.
PARTICIPANT CONSENT AND RELEASE FORM

All persons applying to volunteer with HSD must complete this consent and release.
Parents, spouses and siblings who accompany raiser volunteers to HSD activities must also complete this consent and release.

Participant name: _____
Last First Middle

Participant name: _____
Last First Middle

Street address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ E-mail: _____

I hereby waive and forever discharge claims for damages suffered in connection with Heartland Service Dogs, Inc. sponsored events that the above listed individual, their heirs, executors and administrators may have or accrue against Heartland Service Dogs, Inc., its representatives, agents and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of Heartland Service Dogs, Inc.

In case of emergency, I understand that every effort will be made to contact the person below. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of Heartland Service Dogs, Inc. to hospitalize and secure proper treatment (including surgery).

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature: _____ Date: _____

Emergency contact person: _____ Phone: _____

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(Source: Washington State University, Cooperative Extension)

AGREEMENT TO TERMS OF SERVICE

All persons applying to volunteer with HSD must complete this agreement.

**** PLEASE NOTE **** *If you have now, or in the future develop a disability that may qualify you for a service dog you will not be able to raise a puppy with the understanding that it may become your personal service dog. All puppies/dogs are considered candidates for all clients on our approved waiting list. To be considered for a service dog you will need to submit a completed "Service Dog" application and follow the same protocols as all other applicants.*

INITIALS REQUIRED _____

I fully understand and accept the responsibilities for volunteer position(s) with Heartland Service Dogs, Inc.:

I agree to abide by all instructions, guidelines, policies and procedures presented to me by HSD staff, supervisory volunteers, written documents and other means. This may include mandatory meetings with HSD staff. This may include travel I may be responsible for.

I agree and understand that at any time any dog in my possession being raised for HSD may be removed either with or without reason. I understand this may happen either with or without notice.

I acknowledge and agree that I will receive no financial compensation for any services that I may perform for Heartland Service Dogs, Inc. I agree to assume all the risks, rights, duties and liabilities of puppy raising, including without limitation to providing a proper diet, veterinary services, shelter and all other necessary and appropriate care at the sole cost and expense of myself. I understand that HSD may offer to pay for these items but is in no way obligated. **I acknowledge that HSD is not assigning or transferring any ownership of any puppy being raised for HSD to me and that HSD owns all dogs HSD places with me.**

I agree to keep said Dog intact until HSD decides that the Dog is not a likely candidate for future breeding. If, HSD decides that the Dog should be spayed/neutered, I will accept all responsibility for having the Dog altered, including all veterinary services and follow-up care. If HSD decides that the Dog is considered for breeding, HSD will accept all veterinary services and follow-up care.

I acknowledge and agree that I may be released from my volunteer duties at any time at the will of HSD.

Volunteer name: _____

Signature: _____ Date: _____

If above applicant is a youth under the age of consent, the following must be completed by a parent or guardian who resides in the same household.

I am a parent/guardian in the same household as the above applicant for a volunteer position with HSD. I fully understand and support my child's responsibilities for the volunteer position as marked above. I also fully understand and accept the responsibilities as a parent of a youth volunteer.

I agree to abide by all instructions, guidelines, policies and procedures as presented to me by HSD staff or supervisory volunteers.

I acknowledge and agree that my child or I will receive no financial compensation for any services that we may perform for HSD.

I acknowledge and agree that my child or I may be released from his or her volunteer duties at any time at the will of HSD.

Parent name: _____

Signature: _____ Date: _____

HSD representative, please complete this box

HSD Representative _____

Signature approving declining application _____

Date available for puppy placement: _____

Puppy name: _____ ID#: _____ Sex: _____ Breed: _____

Whelp date: _____ Sire/dam: _____

Date delivered: _____ How delivered: _____

HSD Equipment Provided:

Leash Head collar Puppy jacket Crate _____

Backpack Tie Down Puppy Manual Collar _____

Other _____

**Please email this completed application to
Rnelson@heartland servicedogs.org or send to**

**Heartland Service Dogs
11315 192nd St.
Mokena, IL 60448-8419**