



Puppy Trainer Application

Applicant _____ Date: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____ Email _____

1. Please list names and ages of all persons residing in your home.

2. Do all adults consent to having a PWP dog living in the home? () Yes () No

3. How did you hear about the PWP puppy training program? _____

4. What are your primary reasons for wanting to raise a Paws with Purpose puppy? _____

5. Have you previously raised a PWP puppy, or a puppy from another service dog organization? () Yes () No
If yes, list name(s): _____

6. Have you raised any puppies as pets? () Yes () No If yes, how many: _____

7. Have you participated in any formal obedience training with your dog(s)? () Yes () No If yes, when, where, and what type of formal obedience training _____

8. What are the breeds and ages of the dogs currently living with you? _____

9. Please list any other pets living in your home: _____

10. Can you provide proof of vaccination for the animals listed above? () Yes () No

11. Do you have an enclosed yard? () Yes () No

12. Please briefly describe your home, yard and living environment: _____

13. If you raise a PWP puppy, where do you plan to have it sleep at night? _____

14. Are there children living in your home? () Yes () No If yes, please list their names and ages.

15. Will you be able to take your PWP puppy to your workplace () Regularly or () Occasionally?

16. Please describe your workplace environment: _____

17. How many hours are you home during the day? _____

18. Please describe a typical day for you: _____

19. Do you have at least \$100,000.00 in liability insurance on your homeowner's or renter's insurance policy?
() Yes () No

20. About how much time per day do you plan to spend training your PWP puppy? _____

21. Please describe your feelings about returning your puppy to PWP for advanced training and then placement with a person with a disability: _____

22. Are you willing to pay for all veterinary and feeding expenses for your PWP puppy? () Yes () No

23. Do you have a preference of breed of puppy that you would like to train?

() Labrador Retriever () Golden Retriever () Lab/Golden Cross () No Preference

24. Do you have a preference of the sex of puppy? () Male () Female

(Please note that PWP cannot always meet the trainer's preferences when placing a dog.)

25. If your application is accepted, how soon will you be ready to begin raising a puppy? _____

Please list two personal references:

(1) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship _____

(2) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Relationship _____

Please enter your veterinarian information below:

Dr. _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

To the best of my knowledge, the above information is true and accurate. If I am selected as a Paws with Purpose puppy trainer, I agree to adhere to all the requirements of Paws with Purpose and to be responsible for the expenses incurred for the puppy's care, feeding and training during the period that the puppy is in my home and under my care. I agree to attend dog obedience training classes beginning with possession of my puppy until my puppy is scheduled for placement (at approximately 20-24 months). I agree to use only the positive training methods prescribed and instructed by PWP. I understand that if I fail to attend training classes, fail to provide adequate socialization and care, or do not submit regular progress reports to the PWP office, PWP may place the puppy in the care of another volunteer. I agree to surrender said puppy to PWP at any time upon request by PWP.

Applicant's signature: _____ Date: _____

Parent's signature (if under 18 years of age): _____

Please send completed application to:
Paws with Purpose
P.O. Box 5458
Louisville, KY 40255

If you have any questions call: 1-502-689-0804
Or email us at info@pawswithpurpose.org