



PO Box 4412  
San Luis Obispo, CA 93403  
(805) 544-5433  
[www.newlifek9s.org](http://www.newlifek9s.org)

Thank you for your interest in being a Puppy Parent for one of our dogs. You, as a Puppy Parent need to teach the dog to live as a part of the family. Taking the dog with you when you go out will ensure it receives vitally necessary socialization and exposure to different sights, sounds, smells, surfaces and situations. Puppy Parenting also entails attending Puppy Raiser meetings and outings, filling out monthly reports, reinforcing the dog's learning, and keeping the dog healthy and safe.

Your role in parenting a New Life K9s dog is a crucial part of our mission --  
"Saving Lives through the Healing Power of the Human-Canine Bond"

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

1) How do you know about New Life K9s and our Puppy Parent Program?

\_\_\_\_\_

2) Why do you want to foster one of our dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tell us about your family**

3) Who is be a primary and secondary handler, and all other family members.

Primary Handler: Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Secondary Handler: Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Other Family member: Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Other Family member: Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

4) Please describe your life style.

On weekdays: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On weekends: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tell us about past and current dogs and other animals.**

5) Have you ever owned a dog(s)?  Yes  No

If yes, when and what breed(s)? \_\_\_\_\_

\_\_\_\_\_

6) Do you currently own a dog(s)?  Yes  No

If yes, what breed(s) and how old? \_\_\_\_\_

Is the dog(s) neutered or spayed?  Yes  No Other: \_\_\_\_\_

Can you provide proof of vaccinations for your dog(s)?  Yes  No

Please give us the name and phone number of your dog(s)'s veterinarian.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your dog(s) have any behavior that could be problematic with the  
introduction of a new puppy?  Yes  No If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7) Do you have any other pets?  Yes  No

If yes, what kind and how many? \_\_\_\_\_

\_\_\_\_\_

8) Have you had any dog training classes?  Yes  No

If yes, what kind?

Obedience  Agility  Show  Tracking/Search and Rescue

Assistance Dog puppy raising with following organization \_\_\_\_\_

Other \_\_\_\_\_

**Please tell us about your residence.**

9) What type of residence do you have?

House  Townhouse  Apartment  Duplex  Condo

Other \_\_\_\_\_

10) Do you own or rent your residence?  Own  Rent

If you rent your home, can you provide written verification that dogs are permitted in your residence along with your landlord's name and phone number?  Yes  No

Landlord's Name \_\_\_\_\_ Phone number \_\_\_\_\_

11) Do you have a yard at your residence?  Yes  No

If yes, is the yard fully fenced in?  Yes  No

If yes, what type of fence do you have? \_\_\_\_\_ Height? \_\_\_\_\_

12) Do you have a pool at your residence?  Yes  No

If yes, is it Fenced?  Yes  No

13) Are there dog(s) next door to your house?  Yes  No

**Please tell us what life will be like with a service dog puppy.**

14) Will you accept responsibility for any destruction to by the dog to your house or yard?       Yes    No

15) Will you be able to take the dog to  work    school with you?    Yes    No  
How many days a week and how long? \_\_\_\_\_ day(s) a week for \_\_\_\_ hour(s) a day  
Where do you work or attend school? \_\_\_\_\_  
What kind of environment would the dog be exposed to at work or school?  
\_\_\_\_\_

16) Can you think of any situation where you would not take the dog with you?  
\_\_\_\_\_

17) If you are in a situation requiring that you have to leave the dog alone at home, where will the dog stay? \_\_\_\_\_  
\_\_\_\_\_

18) Where in the house will the dog sleep during the night? \_\_\_\_\_  
\_\_\_\_\_

19) How will you exercise your dog and how often? \_\_\_\_\_  
\_\_\_\_\_

20) Are you committed and willing to take the dog with you on public outing? Please note that you be responsible for the safety and positive exposure of our dog to public places, crowds, traffic, construction, children, music and unusual environments, just to name a few.    Yes    No

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21) Can you commit to coming to New Life K9s Puppy Raiser meetings? These are usually every other week and may require some field trips.  Yes  No

22) Do you consent to pre-announced visits to your home by a New Life K9s representative before and during the time the dog is in your care?  Yes  No

23) Do you have a breed or gender preference?

- Male  Female  No preference  
 Golden Retriever  Labrador Retriever  Golden/Lab cross  
 No preference

I acknowledge that the information contained on this form is true and correct. I understand that any misrepresentation of facts may result in the removal of the New Life K9s dog from my home.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application by:**

Email: [newlife@newlifek9s.org](mailto:newlife@newlifek9s.org)

Fax: 805-715-0507

Mail: PO Box 4412, San Luis Obispo, CA 93403