PUPPY PARENT APPLICATION

Date:

Name(s):

Street: **City:**

State: **Zip:**

Phone (H):

Phone (W):

Phone (C):

Preferred E-mail: **Additional E-mail(s):**

The majority of communication with WCC will be via e-mail. Is this okay? NO

Why do you want to be a Puppy Parent?

What do you expect from WCC during the time you have the dog?

Who will be the primary caretaker and trainer for the WCC dog?

Please list all the members of the household (including you) and ages:		
	Name	**Age**
1		
2		
3		
4		
5		
6		

Please list all pets in the household:					
	Name	**Species**	**Breed**	**Location**	**Altered?**
1				Indoor	Yes
2				Indoor	Yes
3				Indoor	Yes
4				Indoor	Yes
5				Indoor	Yes
6				Indoor	Yes

Have you owned dogs previously? Yes

If yes, what breeds and when?

Breed:	**When:**

What kind of training experience do you have (check all that apply):

- ☐ **Basic Obedience**
- ☐ **Advanced Obedience**
- ☐ **Agility**
- ☐ **Search and Rescue/Tracking**
- ☐ **Therapy Dog**
- ☐ **Assistance Dog Puppy Raising** **With what organization?**
- ☐ **Other:**

Did you use a crate with your dogs? Yes

What time of residence do you have? House

Do you own or rent your residence? Own

If you rent your home, can you provide written verification that dogs are permitted in your residence along with your property owner's name and phone number? Yes

Do you have an entirely fenced in yard? Yes

If yes, what kind of fence do you have? **Height?**

If the dog were destructive to your home or yard, how would you handle the situation?

Are you committed and willing to take the dog with you wherever you go, as frequently as possible? Yes

Can you think of a situation where you would not take the dog with you?

Are you able to take the dog to your workplace? Yes

If yes, describe your work environment.

If no, what are your plans for the WCC dog during the day?

Please describe your typical day.

Can you commit to coming to WCC training sessions? Yes

Are you willing to attend more frequent training sessions if needed? Yes

Are you willing to transport the dog to WCC HQ if needed? Yes

Are you willing to transport the dog to the WCC veterinarian's office if needed (located in Olney, MD)? Yes

Do you consent to scheduled visits to your home by a WCC team member before and during the time the WCC dog is in your care? Yes

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

Signature: Date: