

## **Puppy raising guidelines**

If you are interested in becoming a puppy raiser, please review the following guidelines and complete the details below. When you have completed the application form post or Email the form back to our head office in Cork.

Puppy Raisers;

- Must have a fenced and secure garden.
- Puppy must be house trained and taught in-house good behaviour.
- Puppy raiser is required to attend all puppy training classes as required.
- Puppy is to be fed according to our guidelines.
- Puppy shall live with the family for a period of not more than 15 months.
- Puppy raiser agrees to return the puppy upon request.
- The Assistance Dogs puppy should be the only young puppy in the household.

## **PUPPY RAISER APPLICATION**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Other Family Members: \_\_\_\_\_

How did you hear about the My Canine Companion puppy raising program?

\_\_\_\_\_

Have you previously applied for an Assistance Dog puppy? Yes ( ) No ( )

Have you raised any Non Assistance Dog puppies? Yes ( ) No ( ) .

Have you any dogs living with you at present Yes ( ) No ( )

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

If No, are you willing to build a dog run? Yes ( ) No ( )

Are there children living in your home? Yes ( ) No ( )

If Yes, how many? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Are you or another member of your household home during the daytime? Yes ( ) No ( )

Do you have Transport? Yes ( ) No ( )

Are you willing to attend regularly scheduled puppy training classes Yes ( ) No ( )

If your application is accepted, how soon will you be ready to raise a puppy?

Straight Away ( ) One Week ( ) One Month ( )

***Please read carefully before signing below.***

***If I am selected as a My Canine Companion puppy raiser, I agree to adhere to all requirements of My Canine Companion puppy raising programme. I agree to be responsible for the care, feeding, medical care and training of the pup/dog during the period that the pup/dog is in my home. I agree to attend the regularly scheduled puppy training classes held by My Canine Companion in locations chosen for such classes by the My Canine Companion training team. I agree to return the puppy to My Canine Companion upon request and without delay.***

Applicant signature: \_\_\_\_\_ Date: / / 20

***Please send completed application to:***

My Canine Companion  
9 Sunberry Heights  
Blarney  
Co Cork

***Or Email the completed form to:*** [applications@mycaninecompanion.ie](mailto:applications@mycaninecompanion.ie)