

Application to Raise an AAADogs Puppy

Name	Others Living in House (who)					
Address				················		
Phone #			Cell #	Woi	rk #	
Profession _				Но	Hours Work/Day	
Describe the typical hours per day that no adult is in the house:						
Will the Puppy/Dog Always Have Supervision (not left alone more than about 3 hours)						
Does Anyone in the Home Use Recreational Substances or Tobacco in any Form?						
Own Home		Rent		Other		
Yard Fenced	Front		Back	Sides		
Animals in Home	•	Dogs	Cats	Other		
lf Dogs, E	Breed(s	.)		Age(s)		
Have You Raised Dogs From Puppy to Adult			Adult	How Many		
What Breed(s)						
Briefly explain your experience(s) with dogs in your home:						
	•					
Have You Ever H	lad a D	og That Was: /	Aggressive	Biter	Fearful	
What Type of Training Aids Have You Used						
Are You Willing to Travel for Formal Training Y/N Are You Willing to Exercise Puppy/Dog Daily Y/N						
Are You Willing to Travel for Veterinarian Appointments						
Are You Willing/Able to Socialize Puppy According to AAADogs Guidelines?						
Are You Willing to Purchase Food ¹ , Treats ² , etc. Designated by AAADogs, if Needed?						
Are You Willing to Do or Have Grooming Done That Is Needed						
Do You Have Any Negative History with Animals						
If So, Please Explain						
Are You Willing to Be Subject to Home Inspections Periodically						
Are You Willing to Have Veteran and Family in Your Home One Afternoon a Week to Bond With Puppy?						
Are rou winning t	UTIAVE				veek to bond with r uppy:	
Signed:		Date:				
¹ AAADogs pays 1		-				
² AAADogs provides a select amount of training treats and chews						
Send application to address below - or - scan and email to info@aaadogs.org						

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