Print Form

CANINE COMPANIONS FOR INDEPENDENCE
VOLUNTEER PUPPY RAISING PROGRAM

VOLUNTEER POSITION: **Puppy Raiser**
REPORTS TO: **Regional Puppy Program Manager**
COMMITMENT: **Approximately 16-18 months**

OVERVIEW:
The volunteer puppy raising program is of extreme importance to the CCI program; it establishes the foundation of early experiences, which are critical in preparing the puppy for Advanced Training. This project involves four major areas of personal and financial responsibility:

1) Providing for the care and well-being of a CCI puppy:
   a) A safe home environment
   b) Food and other supplies required for puppy raising
   c) Healthcare - preventative healthcare, spay or neuter at 6 months of age (when requested by the puppy program), and any other incidental healthcare requirements.

2) Enrollment and participation in CCI or CCI-approved obedience classes for the duration of the project. Volunteer puppy raisers are also required to submit a progress report each month for the duration of the project as well as report behavioral or medical problems to the regional puppy program manager.

3) Socialization, which involves systematically exposing the puppy to a variety of environmental and situational experiences. Volunteer puppy raisers agree to follow CCI approved socialization guidelines and handling techniques when working with the CCI puppy.

4) Transportation, which may include shipping costs (for puppies flying directly to the puppy raisers) as well as the costs associated with returning the puppy to one of CCI's regional training centers for Advanced Training.

REQUIREMENTS:

Willingness and ability to commit to the outlined responsibilities; Volunteer puppy raisers must have the ability to safely house and care for a puppy from eight weeks of age until the required turn-in date (approximately 16-18 months). Volunteer puppy raisers must be willing and able to devote time each day to oversee the complete care of the puppy: feeding, grooming, socialization, and exercise as recommended by CCI Puppy Program staff.

TRAINING PROVIDED:
Orientation to the CCI Puppy Program, CCI puppy obedience classes (limited availability)

REFERENCE MATERIALS:
Puppy Raiser Orientation Folder and Puppy Raiser Manual

I have read and understand the above guidelines required for participation in the Volunteer Puppy Raising Program for Canine Companions for Independence.

Volunteer Name (Print)	Volunteer Signature	Date
Volunteer Name (Print)	Volunteer Signature	Date

VOLUNTEER
PUPPY RAISER APPLICATION

APPLICANT

Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Daytime Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Evening Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Alternate Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Age: _____ Gender: ☐ Male ☐ Female Email: _____

Employer: _____ Occupation: _____

Nearest Relative/Friend: _____

Address: _____ Phone: _____

Co-Applicant (required for persons under 18 yrs of age)

Name: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Daytime Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Evening Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Alternate Phone Number: (____)_____ ☐ Work ☐ Cell ☐ Home

Age: _____ Gender: ☐ Male ☐ Female Email: _____

Employer: _____ Occupation: _____

Nearest Relative/Friend: _____

Address: _____ Phone: _____

OTHER MEMBERS OF HOUSEHOLD

Name: _____ Relationship: _____ Age: ____

Name: _____ Relationship: _____ Age: ____

Name: _____ Relationship: _____ Age: ____

Name: _____ Relationship: _____ Age: ____

HOUSEHOLD

How long at present address? _____ **Do you own or rent?** ☐ **Rent** ☐ **Own**

If renting have you received permission to have a puppy in the house? ☐ Yes ☐ No

Landlord's name and phone:

Do you have an enclosed yard: ☐ Yes ☐ No

If not are you willing to adapt your yard to make it safe for a puppy?	☐ Yes ☐ No
Do you understand CCI puppies cannot be off leash unless in an enclosed area?	☐ Yes ☐ No
Please briefly describe your home, yard and living environment:	
Will you be able to take the CCI pup to your workplace? If yes, how often?	☐ Yes ☐ No
If yes, please describe your work environment:	
If no, what are your plans for the puppy during the day?	
If you raise a CCI puppy, where do you plan to have it sleep at night?	
Please describe a typical day for you:	

How much time per day are you able to spend socializing and working with the CCI puppy?

Explain:

PETS

Please list all dogs currently in your home and/or *that you have had in the past*:

Breed	**Age**	**Sex**	**Spayed/Neutered? (If no, why not?)**	What became of this dog?

Please list behavior exhibited by one or more of the dogs in your home: ☐ Alert barking at door knock

☐ Protects food or toys (from people or dogs) ☐ Aggression (people or dogs) ☐ Other: _____

Describe:

Have you received any formal obedience training with your dog(s)?	☐ Yes ☐ No
Please list any other pets living in your home:	
Can you provide proof of vaccination for the animals listed above?	☐ Yes ☐ No

VETERINARY CARE

Please list the name and address of your veterinarian or the veterinarian you have selected for the CCI puppy.

What are your primary reasons for wanting to raise a CCI puppy?

How did you hear about the CCI puppy raising program? ☐ Booth/Event ☐ Friend ☐ Puppy raiser ☐ Other

Please list:

Do you belong to a service club organization? ☐ Yes ☐ No

If so, what is the name of your club?

Have you ever applied to raise a CCI puppy before? ☐ Yes ☐ No

If yes, when?

Have you previously raised a CCI puppy? ☐ Yes ☐ No

If yes, list name(s):

Have you raised any non-CCI puppies? ☐ Yes ☐ No

If yes, how many?

Do you have any experience working with people with disabilities? ☐ Yes ☐ No

If yes, please describe:

Please describe your feelings about returning the puppy to CCI for advanced training and then placement with a person with a disability:

Is there anything else you would like us to know about you?

Other Comments:

Are you willing to raise any puppy, regardless of breed, color, or sex? ☐ **Yes** ☐ **No**

Are you willing and able to pay for all veterinary care of the CCI puppy? ☐ **Yes** ☐ **No**

Are you willing and able to pay for feeding and other basic care of the CCI puppy? ☐ **Yes** ☐ **No**

Are you willing and able to pay for all transportation expenses for the CCI puppy to and from the training center? ☐ **Yes** ☐ **No**

Do you have the physical ability to lift, correct, or restrain a 75 pound dog? ☐ **Yes** ☐ **No**

If your application is accepted, when will you be ready to raise a puppy? _____

To the best of my knowledge, the above information is true and accurate. I agree to provide additional information upon request.

Applicant name (print): _____

Applicant signature: _____ Date:_____

Co-applicant name (print): _____

Parent signature if under 18 years of age:_____ Date:_____

Please read and sign the *Agreement to Terms of Service* (page four below) before returning this application.

AGREEMENT TO TERMS OF SERVICE

EVERY PERSONS APPLYING TO RAISE A CCI PUPPY MUST COMPLETE THIS AGREEMENT AND RETURN WITH THE PUPPY RAISER APPLICATION.

1. The dog I am raising belongs to CCI.
2. I am required to follow the training guidelines presented to me by CCI.
3. I am required to attend regular obedience classes either at CCI or privately or both if deemed necessary.
4. I am required to submit monthly progress reports and to promptly report behavioral, medical or training issues to CCI.
5. I am responsible for and assume financial responsibility for the puppy's medical care.
6. I am required to obtain regular vaccinations for the puppy.
7. The puppy is to remain intact unless otherwise determined by CCI staff.
8. I agree that the intact female will be kenneled at a CCI approved facility for the duration of every heat cycle.
9. I am required to send all medical records for the puppy including proof of vaccinations, rabies and sterilization (if applicable) before the puppy returns for advanced training.
10. I may be required to have hip and elbow x-rays taken at my expense.
11. The puppy must eat a quality dog food recommended and approved by CCI. The puppy must not be allowed to become overweight.
12. The puppy must be well versed in being handled for grooming, teeth brushing, and nail trimming.
13. I am required to teach the puppy to be well mannered, crate trained and friendly to people and animals.
14. I will not allow the puppy to be off leash unless in an enclosed safe area. Long lines and flexi-leashes may be used.
15. The dog may be placed with a graduate in any of the 50 United States or in any country that CCI serves. Additionally, I may be asked to return the puppy to any one of CCI regional centers for advanced training.
16. The decision about the dog's placement is to be made by CCI staff.
17. The dog may be placed at any time as determined by CCI staff and, as a result, might not participate in a graduation ceremony.
18. If the dog is deemed unsuitable for placement as a CCI graduate, the dog may be offered to another guide dog school or assistance dog agency, solely at the discretion of the regional program staff.
19. If the dog is released from CCI's program and I adopt the dog, I agree not to transfer ownership of the dog to another person or business without first obtaining written permission to do so from CCI.
20. If this agreement is not maintained, the dog will be placed with someone else and/or I will not be eligible to puppy raise for CCI.
21. The CCI puppy program staff is available to assist me with any concerns or problems I encounter during my puppy raising experience.

I have read and understand the above requirements to be a CCI Puppy Raiser. My signature signifies acceptance of all the terms stated above.

Applicant signature:_____ Date:_____

Co-Applicant signature:_____ Date:_____

Parent signature if under 18 years of age: _____

Please send completed application to the nearest CCI regional center or call 1-800-572-2275 for assistance.