



**Association  
for the Blind of WA  
Guide Dogs WA**

**Puppy Raising Application Form**

**Family name:** .....

**Address:** .....

..... **Post Code:** .....

**Telephone numbers:**

Home: .....

Business: .....

Mobile: .....

Email: .....

• **Names & ages of household members:**

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

Name: ..... DOB: .....

- **Occupation & hours worked by household members:**

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.....  
.....  
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- **Is everyone in the household keen to Puppy Raise?** (if not, please give reasons)

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.....

- **Do you have a dog?** yes / no

If yes, please provide details

breed: .....

sex: .....

de sexed: yes / no

age: .....

- **Where does your dog sleep?** (if applicable)

.....  
.....

- **Does your dog spend time indoors?** (if applicable)

.....  
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- **How often do you walk your dog?** (if applicable)

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- **Does your dog attend obedience classes?** (if applicable)      yes / no
- **Is your dog regularly wormed & vaccinated?** (if applicable)      yes / no
- **Do you have any other pets?**      (if yes, please state types)

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- **How did you hear about Puppy Raising?**

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- **Why do you wish to Puppy Raise?**

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- **It is essential you have a current drivers licence and own your own car in which the puppy may travel. Are you prepared to travel to the Association for the Blind of WA upon request and for Veterinary appointments?**

yes / no

- **Is your property adequately fenced (dog proof?)**

yes / no

- **Are you prepared to walk the puppy daily to socialise it in busy environments, shopping areas, with people, dogs etc?**

yes / no

- **Are you aware of & prepared to cope with puppy behaviour such as digging and chewing and sometimes howling all night?**

yes / no

- **Are you aware the puppy is not housetrained and will need to be taught?**

yes / no

- **If a baby puppy were unsuitable for you, would you be prepared to accept an older pup or young dog for shorter periods?**

yes / no

- **Are you aware that the puppy must sleep indoors for the period it is with you?**  
yes / no

Please add any other comments you wish to support your application to become a Puppy Raiser:

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Thank you for completing the application form. Please return it to:

Puppy Raising Program  
 Association for the Blind of WA  
 61 Kitchener Avenue Victoria Park WA 6100  
 (PO Box 101)  
 Victoria Park WA 6979

If your initial application is accepted – you will be contacted by the Program Supervisor to arrange a home visit to further assess your suitability as a Puppy Raiser and provide any additional information you require.

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**Office use only:**

Puppy-Raiser applicant interviewed by: .....

Date: ..... Time .....

Has applicant's current Police Clearance been sighted? Yes / No

Assessor's recommendation & comments:

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If accepted refer person to Volunteer Officer for inclusion in the next Volunteer Induction Program.

Has referral form been completed and forwarded? Yes / No