



REPEAT PUPPY RAISER APPLICATION

PROCEDURE: If you would like to raise another Guide Dog Puppy, please fill out this application and return it to Southeastern Guide Dogs, Inc. You will be contacted by your Area Coordinator to go over a Repeat Application Evaluation. If your application is approved, your name will be placed on the waiting list. If there are changes in your family's status since you last raised that might effect raising a puppy (move, job change, fenced yard, etc.), please let us know in the "comments" section.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ E-mail _____

Phones: (____) _____ (H) (____) _____ (W) Cell: (____) _____

Can you be contacted at work? Yes ___ No ___

Are you flexible enough to make any updated changes in SEG D's program? Y ___ N ___

Do you agree to attend all the mandatory meetings with this puppy, or arrange for the puppy to be at all the mandatory meetings? Y ___ N ___

If you have pets, please give the type, sex and ages of all pets: _____

Are there changes in work hours or how long the puppy will be left alone? _____

Who was your last assigned veterinary clinic? _____

Do you agree to return the puppy to Southeastern Guide Dogs, Inc. when the puppy is called back to Southeastern Guide Dogs? Y ___ N ___

Comments or Questions: (for more room, please use reverse side)

SIGNATURES OF APPLICANTS:

X _____ X _____

DATE: _____

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