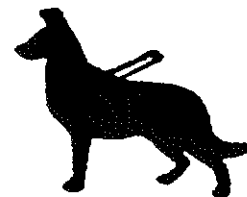


List

Raiser #

Date 8/2/95
Amount 497-5
shelf 0
Inv 37973



4-H PUPPY APPLICATION

PLEASE TYPE OR PRINT CLEARLY

Name: _____ Age: _____ Ht./Wt. _____ M/F _____ County: _____

Address: _____ City/State/ Zip _____

Parents/Guardian _____ Home phone: _____ WORK# Mom: _____ Dad: _____

Name of Guide Dog Puppy Club: _____ Leader _____ County _____

Names and ages of brothers and sisters at home: _____

What other pets do you currently own? (neutered or spayed) _____

Are family dogs current on vaccinations? _____ Does everyone in your family want to raise a puppy? _____

Do you have an escape proof dog RUN _____ PEN _____ FENCED YARD? _____

Do you agree to keep your dog on a leash when not in a secure area? _____

Will your puppy sleep in your bedroom? _____ If not, where? _____

Are you willing to devote time to daily grooming and parasite control? _____

How many hours per day will your puppy be home alone? _____

Will you pay for veterinary care above the \$200 allotment? _____

(Guide Dogs pays for inoculations and boarding of a female in season)

DO NOT WRITE BELOW THIS LINE

Pup's Name _____ LD.# _____ Breed _____ Date Whelped _____

Sire/Dam _____ Date Del. _____ How del. _____

Guide Dogs For The Blind,
P.O. Box 151200 San Rafael, Ca. 94915-120
(415) 499-4000



OREGON STATE UNIVERSITY EXTENSION SERVICE

4-H 1221
Revised July 1995

GUIDE DOGS FOR THE BLIND reserves the right to remove the pup from the home if it is felt, by the leader and Guide Dogs, it is best for the puppy.

Do you agree to return the puppy to Guide Dogs when it is needed for training?

Applicant Signature

Date

Parent/Guardian

Date

PUBLICITY RELEASE:

The undersigned does hereby give **GUIDE DOGS FOR THE BLIND, INC.** of San Rafael, California, the right and permission to use his or her likeness, photograph or photographic image for promotion or publicity purposes, or to otherwise promote **GUIDE DOGS FOR THE BLIND** to the public in any manner that **GUIDE DOGS FOR THE BLIND** wishes, from the date signed and in perpetuity.

Applicant Signature

Date

Parent/Guardian Signature

Date

Leader's Comments: Please describe general environment of home and yard. Is this an acceptable environment for a Guide Dog Puppy?

I, the Leader, have conducted a Puppy Raiser home visit and concur that this home meets Guide Dogs For Blind guidelines.

Leader Signature

Date

Extension Agent Signature

Date



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