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 ______________________ I.D.# ________ 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?

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<th>Applicant Signature</th>
<th>Date</th>
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<th>Date</th>
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PUBLICITY RELEASE:

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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.

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