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PUPPY RAISER APPLICATION

Name _____ Home phone _____

Address _____

City _____ State _____ Zip _____

e-mail _____ Work phone _____

Members of the family _____

Who will be responsible for the dog's care? _____

Other pets? _____

Fenced yard? _____

Is someone available to exercise the dog every day? _____

Do you have training experience? _____

Have you ever raised a foster pup in the past? _____

Do you have a veterinarian? _____ Telephone _____

References:

Friends or relatives that we may contact in case of emergency. This information will be kept confidential.

Name _____ Telephone _____

Relationship _____ Work Telephone _____

Name _____ Telephone _____

Relationship _____ Work Telephone _____

Are you able to come to training class at least twice a month? _____

Do you feel comfortable with your knowledge of basic dog care? _____

Where did you hear about A New Leash On Life? _____

Applicant Signature _____ Date _____