



CANINE COMPANIONS FOR INDEPENDENCE

POSITION: Puppy Raiser
SUPERVISION: Regional Puppy Coordinator
COMMITMENT: Approximately 14-16 months

POSITION OVERVIEW:

This position involves three major areas of personal and financial responsibility:

- 1) Providing for the care and well-being of a CCI puppy
 - a) Safe home environment
 - b) Food and proper equipment to raise and train a puppy
 - c) Healthcare - preventative healthcare, spay or neuter at 6 months of age (when requested by puppy coordinator), and any necessary incidental healthcare requirements.
- 2) Training involves instruction of puppy in CCI puppy commands and regular attendance at CCI or CCI-approved puppy classes and/or obedience classes.
- 3) Socialization involves systematically exposing the puppy to a variety of environmental and situational experiences. The CCI puppy must maintain appropriate behavior with consistent follow-through of basic obedience commands in these socialization experiences.

QUALIFICATIONS:

Willingness and availability to commit to the positions outlined responsibilities. Over the 14-16 month period of time involved in puppy raising, time needs to be set aside daily to perform the responsibilities of the position (primarily training) as well as attending obedience classes and socialization activities.

TRAINING PROVIDED: Orientation to the CCI Puppy Program and ongoing puppy training classes (area specific).

REFERENCE MATERIALS: Puppy Raiser Manual and video

IMPORTANCE OF THIS POSITION TO CCI:

The puppy raising position is of extreme importance to the CCI program in that it establishes the foundation of training and early experiences that are critical to the dog's preparedness to enter advanced training.

Volunteer Signature

Date

Puppy Program Manager

Date



Puppy Raiser Application

Applicant's Name: _____

Age (if under 18): _____ Sex: () Male () Female

Employer: _____

Occupation: _____

Co-Applicant's Name:

Age (if under 18): _____ Sex: () Male () Female

Employer: _____

Occupation: _____

Names and ages of other family members: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Daytime Phone Number: (____) _____ () work () home

Evening Phone Number: (____) _____ () work () home

Other (fax, pager, etc.): (____) _____

Email: _____

Do you own or rent? _____ If you rent, please give your landlord's name and
daytime phone #: _____

How did you hear about the CCI puppy raising program? _____

Do you belong to a service club organization? If so, what is the name of your club?

What are your primary reasons for wanting to raise a Canine Companion puppy?

Have you ever applied to raise a CCI puppy before? yes no

If yes, when? _____

Have you previously raised a CCI puppy? yes no

If yes, list name(s): _____

Have you raised any non-CCI puppies? yes no

If yes, how many? _____

Have you received any formal obedience training with your dog(s)?
 yes no

What are the breeds and ages and sex of the dogs currently living with you?

Are they altered (spayed or neutered)? _____

Please list any other pets living in your home: _____

Can you provide proof of vaccination for the animals listed above?
 yes no

Do you have an enclosed yard: yes no

If no, are you willing to build a kennel or run? yes no

Please briefly describe your home, yard and living environment: _____

If you raise a CCI puppy, where do you plan to have it sleep at night?

Will you be able to take the CCI pup to your workplace? yes no

If yes, how often? _____

If yes, please describe your work environment: _____

If no, what are your plans for the puppy during the day? _____

Please describe a typical day for you: _____

About how much time per day do you plan to spend training the CCI puppy?

10 – 20 minutes 20 – 30 minutes more than 30 minutes

Do you have any experience working with people with disabilities?

yes no

If yes, please describe: _____

Please describe your feelings about returning the puppy to CCI for advanced training and then placement with a person with a disability: _____

Are you willing to raise any puppy, regardless of breed, color, or sex?

yes no

Are you willing and able to pay for all veterinary care of the CCI puppy?

yes no

Are you willing and able to pay for feeding and other basic care of the CCI puppy?

yes no

Are you willing and able to pay for all transportation expenses for the CCI puppy to and from the training center?

yes no

Do you have the physical ability to lift, correct, or restrain a 75 pound dog?

yes no

If your application is accepted, when will you be ready to raise a puppy?

Please list the name and address of your veterinarian:

Dr. _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To the best of my knowledge, the above information is true and accurate. As a CCI puppy raiser, I agree to adhere to all requirements of Canine Companions for Independence and to be responsible for the care, feeding, and training of my canine placement during the period that the puppy is in my home. I will attend regularly scheduled puppy classes or an approved obedience training program in my community. I agree to return the puppy to CCI upon request.

Applicant signature: _____ Date: _____

Parent signature if under 18 years of age: _____

Please read and sign the *Agreement to Terms of Service* (page six below) before returning this application.

Please send completed application to:

Canine Companions for Independence
P.O. Box 446
Santa Rosa, CA. 95402-0446

ATTN: NW Puppy Program Manager



Agreement to Terms of Service

All persons applying to puppy raise for Canine Companions for Independence (CCI) must complete this agreement.

1. The dog I am raising belongs to CCI.
2. I am required to follow the training guidelines presented to me by CCI.
3. I am required to attend regular obedience classes either at CCI or privately or both if deemed necessary.
4. I am required to submit monthly progress reports and to promptly report behavioral, medical or training issues to CCI.
5. I am responsible for and assume financial responsibility for the puppy's medical care.
6. I am required to obtain regular vaccinations for the puppy.
7. The puppy is to remain intact unless otherwise determined by CCI staff.
8. I agree that the intact female will be kenneled at a CCI approved facility for the duration of every heat cycle.
9. I am required to send all medical records for the puppy including proof of vaccinations, rabies and sterilization (if applicable) before the puppy returns for advanced training.
10. I may be required to have hip and elbow x-rays taken at my expense.
11. The dog must eat a quality dog food recommended and approved by CCI. The dog must not be allowed to become overweight.
12. The dog must be well versed in being handled for grooming, teeth brushing, and nail trimming.
13. I am required to train the dog to be well mannered, crate trained and friendly to people and animals.
14. I will not allow the dog to be off leash unless in an enclosed safe area. Long lines and flexi-leashes may be used.
15. The dog may be placed with a graduate in any of the 50 United States or in any country that CCI serves. Additionally, I may be asked to return the puppy to any one of CCI regional centers for advanced training.
16. The decision about the dog's placement is to be made by CCI staff.
17. The dog may be placed at any time as determined by CCI staff and, as a result, might not participate in a graduation ceremony.
18. If the dog is deemed not to be placeable as a CCI graduate, the dog may be offered to another guide dog school or assistance dog agency, solely at the discretion of the regional program staff.
19. If the dog is released from CCI's program and I adopt the dog, I agree not to transfer ownership of the dog to another person or business without first obtaining written permission to do so from CCI.
20. If this agreement is not maintained, the dog will be placed with someone else and/or I will not be eligible to puppy raise for CCI.
21. The CCI puppy program staff is available to assist me with any concerns or problems I encounter during my puppy raising experience.

I have read and understand the above requirements to be a CCI Puppy Raiser. My signature signifies acceptance of all the terms stated above.

Applicant signature: _____ *Date:* _____

Applicant signature: _____ *Date:* _____

Parent signature if under 18 years of age: _____