



**Wisconsin Academy
for Graduate Service Dogs, Inc.**
1338 Dewey Court
Madison, WI 53703
(608) 250 - WAGS (9247)
www.wags.net

THERAPY DOG APPLICATION

Print this form, complete and mail application with the following items to WAGS:

- **\$25 Application Fee**
- **Completed Application**
- **Vaccination records for current pet(s) in home, if applicable**
- **Signed Applicant Agreement**

TODAY'S DATE: _____

How did you learn about WAGS? _____

GENERAL INFORMATION:

Request Filled Out By: _____ Relationship: _____

Applicant Name (Last, First, Middle Initial): _____

Street, City, State, Zip: _____

Home Phone#: () - Email Address: _____

Work Phone#: () - Email Address: _____

WAGS uses email as its primary means of communication. Should we use: Home Work

Date of Birth: _____

RESIDENCE/HOUSEHOLD INFORMATION:

Do you live in a: House Apartment Condo Mobile Home Other _____

How many years at this residence? _____

Do you: Rent Own Live with parents/relatives Other _____

If renting, Landlord's Name: _____ Phone#: () -

Does your current residence allow pets? Yes No

Do you have a fenced yard? Yes No Type of fence: _____ No

If not yard, please describe where you plan to toilet and exercise a dog: _____

Does anyone in your household have allergies to animals? Yes No

If yes, please provide a brief explanation: _____

How many hours per day are you home? _____

Have you ever brought an animal into a shelter or humane society? Yes No

Please explain: _____

Please list all members of your household:

Name	Age	Relationship

Please list all the pets you currently have in your household:

	Species/ Breed	Sex	Age/Weight	Neutered/Spayed	Length of ownership	Kept in the house
Pet #1:		M F		Yes No		Yes No
Pet #2:		M F		Yes No		Yes No
Pet #3:		M F		Yes No		Yes No
Pet #4:		M F		Yes No		Yes No

You must provide proof of vaccination for the animals listed above. Please send with this application.

Please explain what types of pets you have owned in the past, weight, where they lived (indoors or outdoors – kennel/run), where they stayed when you were not home and what happened to them:

LIFESTYLE INFORMATION:

Please describe typical daily schedule and activities. This information will give WAGS some insight into what it is you do, how you spend your time, and environments into which you regularly go.

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

Saturday - _____

Sunday - _____

Additional Comments On Schedule: _____

Please list hobbies or recreational activities that you enjoy and pursue with any level of frequency: _____

What is your primary means of transportation? Please indicate all types if more than one:

Own auto, drive self own auto, others drive public transportation other _____

ASSISTANCE DOG INFORMATION:

➤ Why do you want a Therapy Dog? _____

➤ Are there any potential concerns you have as you think about getting a Therapy Dog? _____

Do you understand that you will have the financial responsibility of caring for the Therapy Dog, e.g. providing quality food, exercise, veterinarian visits and all health care, professional grooming (if you cannot do the later yourself)? [] Yes [] No

Comments: _____

REFERENCES:

Personal Reference (not related to you) #1:

Name: _____

Street, City, State, Zip: _____

Day Phone #: () - Relationship to you: _____

Personal Reference (not related to you) #2:

Name: _____

Street, City, State, Zip: _____

Day Phone #: () - Relationship to you: _____

Veterinarian (if applicable for pets in handler's home):

Name: _____

Street, City, State, Zip: _____

Work Phone #: () - _____



APPLICANT AGREEMENT

I, _____, certify that the information provided in this application is true and correct, AND understand and agree:

1. to give permission to WAGS, Inc. to verify this information through whatever reasonable means necessary.
2. that a \$25.00 non-refundable fee is required in order to apply for a WAGS, Inc. and have enclosed my check or money order for that amount.
3. that clients and dogs are matched based on compatibility, training requirements, et cetera, and not on a “first come, first served” basis and regardless of breed, size, color or sex.
4. that, after receipt of this application package, WAGS will call the references listed. Upon completion of these reference checks, WAGS will contact me about possibly scheduling a personal interview at the facility where I work as well as a home visit where the Therapy Dog will be living.
5. that, if there are existing pets in my home, WAGS staff will determine if the pets are safe behaviorally and medically. My pet dog must come to the WAGS facility to interact with a WAGS dog in training.
6. that I will maintain no more than one other dog in my household at the time of placement of a WAGS dog. Further, that I agree that if a WAGS dog is the sole dog in my household, I will not acquire another pet dog within the first year of placement.
7. that, if accepted, I will be added to the waiting list and understand that the wait to receive a WAGS dog is approximately 1-2 years.
8. that being accepted into the WAGS program does not guarantee placement with a dog. WAGS reserves the right during this process (up to and including Team Training) not to make a placement with any applicant who is, for any reason, not able to meet WAGS standards to manage care for an assistance dog effectively and safely.
9. that my acceptance into the WAGS, Inc. program will be decided without regard to race, religion, color, gender or sexual orientation.

10. that all information contained in this application will remain confidential and property of WAGS, Inc.
11. that I authorize my veterinarian to release any information requested by WAGS, Inc.
12. that I have the financial responsibility of caring for the assistance dog, providing quality food, veterinarian visits and all health care, professional grooming (if I cannot do the latter myself).
13. that I agree to pay WAGS, Inc. as follows:
 - a. A \$100 registration fee for Team Training due the first day of class that will be deducted from the total placement fee due and
 - b. 50% of the purchase price for a WAGS dog paid at the time of placement, and 50% due 6 months from the date of placement (if WAGS approves placement).
14. that Team Training will take one to two weeks and that, given appropriate notice, I will make accommodations for this training. Further training will occur on regular intervals as prescribed in the WAGS follow-up schedule.
15. that all WAGS dogs must be on leash at all times in facility and outdoor public venues, unless that venue is a park or other facility with a designated, secured off-leash area. The dog's leash must be hand-held or otherwise attached to their handler.
16. that WAGS dogs are responsive, not responsible. A WAGS dog will not take responsibility for the safety of the recipient. A WAGS dog does not have the ability to identify if a situation is not dangerous versus a situation that is dangerous – such as traffic, strangers, parameter of safety, etc.

Print your name: _____

Signature: _____

Date: / /

Title: _____