



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

***Retired/Non-Graduate  
Dog Application***

**Please print this form, complete and mail to WAGS. THANK YOU!!**

**TODAY'S DATE:** \_\_\_\_\_

How did you learn about WAGS? \_\_\_\_\_

**WAGS dogs are released due to medical or behavioral issues.**

- Medical issues could range from allergies or ear infections to arthritis or hip dysplasia. Would you consider adopting a dog with medical needs?                      Yes                      No

**GENERAL INFORMATION:**

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

**EMPLOYMENT INFORMATION (or COLLEGE if currently a student):**

Work/College Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Number of hours you are there per week: \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

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

Do you: Rent     Own     Live with parents/ relatives     Other \_\_\_\_\_

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

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:	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

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, and what happened to them:

---



---

**REFERENCES:**

**Personal Reference (not related to you):**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: (     )     -                      Relationship to you: \_\_\_\_\_

**Professional Reference:**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: (     )     -                      Relationship to you: \_\_\_\_\_

**Current Veterinarian Reference:**

Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone #: (     )     -                      \_\_\_\_\_

If your application is approved, when will you be ready to take a WAGS dog? \_\_\_\_\_

**To the best of my knowledge, the above information is true and accurate. I authorize my veterinarian to release any information requested by WAGS.**

Applicant Signature: \_\_\_\_\_

For Office Use Only:

Reference Notes:

Personal:

Professional:

Veterinarian:

Has Applicant maintained a regular vaccine schedule for all pets?      Y      N