



Journey Together Service Dog Inc.
P. O. Box 2205
Oshkosh, WI 54903
Phone: 920-322-5532
journeytogetherservicedog@gmail.com

Journey Together Service Dog Dog Raiser Volunteer Application

As a volunteer with Journey Together Service Dog (JTSD) organization, you have the unique opportunity to change a life by assisting in raising a program dog. We ask that you consider a commitment of 3–4 months with the full support of JTSD trainers and volunteers. Dog sitters will be available if needed during your dog raising time. After the initial 3–4 month timeframe, you will be able to work with a different dog in training, or take a break if you choose.

Applicant Information — Raiser 1

Full Name (Last, First, M.I.): _____

Address (Street, Apt/Unit #), City, State, Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer and Position: _____

Applicant Information — Raiser 2

Full Name (Last, First, M.I.): _____

Address (Street, Apt/Unit #), City, State, Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer and Position: _____

Lifestyle Information

Does the primary raiser work outside the home? Yes No

How many hours per week? Full time Part Time Other: _____

Can the dog be brought to work? Yes No

If the dog must be left unattended, how many hours will it be unattended for? _____

Where will the dog be located when unattended? _____

Is someone available to let the dog out of its crate every 3–4 hours? Yes No

Other Household Residents

Please list the names and ages of residents in your home, including children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Are all members of the household interested in dog raising and willing to comply with our raising requirements? Yes No

Who will assume primary responsibility for care of the dog? _____

Who will be responsible for care of the dog if you are unavailable (must be 18 years or older)?

Is any family member allergic to dogs? Yes No

If yes, please specify: _____

Is any family member afraid of dogs? Yes No

If yes, please specify: _____

Other Pets

Please list information for any current pets in your household:

Name:					
Species/ Breed:					
Age:					
Male/Female:					
Neutered/Spayed or Intact?					

Dominant/ Submissive Gets along with dogs, cats, children, etc?					
Any behavior issues?					
How long have you had this pet?					
Where are they kept during the day & night?					

The following questions apply to pet dogs only:

Are your pet dogs inside or outside dogs? Inside Outside

If outside, please explain: _____

Do they bark when the doorbell rings or there is knocking at the door? Yes No

How do they react to strangers? _____

How do they react to other animals? _____

How do they react to loud noises (like firecrackers, thunder)?

Are they protective of their toys or food? Yes No

If yes, please specify (guarding, growling, snapping, other?): _____

Are they aggressive to other dogs, cats, children, or adults? Yes No

If yes, please specify (growling, snapping, other?): _____

Are they fearful of other dogs, cats, children, or adults? Yes No

If yes, please specify (avoiding, cowering, growling, snapping, other?): _____

Veterinarian Information (name and phone#):

JTSD considers distemper, parvovirus, influenza and rabies to be core vaccines required for adding a dog to the household. JTSD will confirm the vaccination status of any current pets in the home with your veterinarian.

Rasier Experience

Have you raised a dog in the past? Yes No

When was the last time you had a puppy in the household? _____

Please select the training equipment items you have experience using:

Flat Collar Gentle Leader Perfect Pace Easy Walk Harness Training Collar
Prong Collar Clicker Tracking Harness

Describe your experience using any of these items:

If you have trained a dog before, briefly describe methods used:

Describe any special talents or skills you would like to share with us:

Home Environment

What type of residence do you live in? Home Apartment Condo Mobile Home

Do you rent or own? Rent Own

Are there any restrictions on pets in your residence (weight, breed, etc.)? Yes No

If yes, please explain: _____

Do you have a fenced* yard? Yes No

If yes, please describe (wood, chain link, electric, etc.): _____

If no, how do you plan to exercise and potty the dog? _____

**Fencing is not required, and electronic fences are NOT permitted to be used with program dogs.*

Where will a crate go to allow the dog to sleep or rest? _____

Can you puppy-proof or block off areas of your residence? Yes No

If you become a JTSD dog raiser, there will be a home visit to make sure your residence is puppy-proof.

Are you comfortable with this? Yes No

Raiser Preferences

Do you have a preferred dog gender? Male Female No preference

Do you prefer a puppy or older dog? Puppy Older

Can you handle a large dog that pulls or lunges unexpectedly? Yes No

Can you care for an in-season female dog? Yes No

Raiser Responsibility

Are you able to provide time to train each day with no other dogs present? Yes No

Are you willing to take the dog in a car and/or on public transportation? Yes No

Are you willing to socialize the dog outside the home a few days per week? Yes No

Are you willing to attend weekly outings hosted by JTSD trainers (minimum of 2 times/month)?
Yes No

Are you willing to attend JTSD-run activities (like fundraisers, presentations, meet & greets, etc.)?
Yes No

Are you willing to submit a monthly progress report? Yes No

Are you willing to report behavioral or medical problems? Yes No

Can you respond to communications via email and phone within 24 hours? Yes No

Can you easily access JTSD documents via our website? Yes No

Do you consent to your image being used (in combination with the dog) to promote JTSD on our website and/or social media? Yes No

Is your family willing to accept financial responsibility for any harm that comes to the dog due to negligence while in your care? Negligence includes, but is not limited to, chewing wires, car accidents, ingesting poison or toxic foods, or similar. Yes No

Are you (the applicants) willing to have a background check completed on you? Yes No

JTSD will provide food, training equipment, monthly medications and standard veterinary care.

Signatures on next page

Signature(s)

I attest that the above statements are true and factual to the best of my knowledge. I consent to a criminal background check.

Signature (Rasier 1)

Date

Signature (Rasier 2)

Date

Return Applications to: journeytogetherservicedog@gmail.com

If you have questions, please direct them to the email address above or call (920) 322-5532

Thank you for applying. We appreciate the time you took to complete this application and your willingness to go on this Journey with us. Our team will be in touch with you as soon as possible!