



PUPPY RAISER APPLICATION

Phone: (480) 508-7381 www.AzGoldensLLC.com Email: AzGoldensLLC@gmail.com

Puppy Raiser Information

(This will be the main person responsible for the care and training of the AZG service dog)

Last name: _____ First name: _____ MI: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home phone #: (_____) _____ Cell phone #: (_____) _____

Emergency phone #: (_____) _____ E-mail address: _____

Date of Birth: _____ Age: _____ Sex: M F Marital Status: _____

Spouse Name: _____ E-mail address: _____

Home phone #: (_____) _____ Cell phone #: (_____) _____

If applicant is under 18 years*, Legal Guardian's name: _____

Legal Guardian Signature _____ Date: _____

*If Puppy Raiser is under 18 years, a parent or guardian must accept overall legal responsibility along with supervising the care, training, costs, and tax implications of the Puppy in your household. One guardian or parent must accompany youth under 18 years of age to all AZG meetings/events and remain with youth during this time.

Parent/Guardians: _____ (**Initial)

Why do you want to be a Puppy Raiser for Arizona Goldens LLC?

How did you find out about Arizona Goldens LLC?

Household & Family Information

(Please list the names, ages, and relations to the client for all members currently living in the home.)

<u>Name</u>	<u>Age</u>	<u>Relation</u>
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Have you owned a dog before? Yes No How many? _____

Breed(s): _____

Number of dogs you currently own? _____ Number living in your house? _____

Sex: M F Breed _____ Altered* Intact ___ Age Lives in house Lives outside

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Sex: M F Breed _____ Altered* Intact ___ Age Lives in house Lives outside

Sex: M F Breed _____ Altered* Intact ___ Age Lives in house Lives outside

*Altered means the animal has been spayed or neutered.

Do you own other animals? Describe: _____

Training & Experience

Please describe any animal training or obedience class(es) you have attended. What are some of the things you have learned from the class(es): _____

Have you ever had a puppy before? Yes No If yes, how long ago? _____

Do you have any experience working with a person with a disability? Yes No

If yes, what was it? _____

Do you have a secure area for the dog to relieve itself or for exercise? Yes No

Are you willing to keep the AZG dog on leash when it is not in a secure area? Yes No

Do you have the time, environment, and interest conducive to training a puppy? Yes No

Other Information

Have you, or any person in your household, ever been convicted of a crime, felony, or misdemeanor? Yes No If so, when and for what? Have you served your time? Are you currently on Parole?

Do you understand that submitting this Puppy Raiser application is considered an application to become an Independent Contractor for Arizona Goldens LLC. Yes No

Becoming an independent contractor will require you responsible to file your own local, state, & federal taxes for any payment of services by AZG. Yes No

As an independent contractor, under the code of the Internal Revenue Service (IRS), is an independent contractor and neither the Contractor's employees, other family members, or Contract personnel are, or shall be deemed, the Client's Employees. Yes No

As an Independent Contractor you will be required to provide your own equipment, tools, and supplies in order to achieve the terms of the separate Independent Contractor Agreement once application is approved. Yes No

As an Independent Contractor you will be responsible for the health, care, & safety of the service dog in-training that is in your possession during the Contract timeframe. Yes No

As an Independent Contractor you will be solely responsible for any property damage or personal injury that may incur during the time of possession of the service dog during the Contract timeframe. Yes No

References

Please list three references (non family related) and their addresses and phone numbers. Please include at least one professional reference.

Name	Email Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we contact these references? Yes No

In Case of Emergency

Client's Legal Name _____ Date of Birth _____

Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Secondary Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Health Insurance Information:

Primary Doctor's Name: _____

Practice Name: _____

Insurance Name: _____ Policy ID or Plan #: _____

Insurance Phone Number: _____ Policy End Date: _____

Insurance Primary Holder's Name (if other than client): _____

I also understand that I will be responsible for any costs of any service or medical treatment provided by 3rd parties and as an Independent contractor. You fully understand that you, your family members, or others that you may interact during the contract time frame are not covered by insurance of ARIZONA GOLDENS LLC.

In case of emergency, I understand that every effort will be made to contact the emergency person list on this page. ***In the event that they cannot be reached***, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC or the hospital/medical staff to hospitalize and secure proper treatment (including surgery) for the injured party.

I authorize ARIZONA GOLDENS LLC, and its employees, staff, or volunteers to release sensitive information contained in this application, private conversations, video, photos, and other methods to the Hospital, Treatment Facility, and applicable medical staff, along with authorities such as Police, Paramedics, or Fire personnel even though that information may be protected under the Health Insurance Portability and Accountability Act (HIPAA) and other Federal Laws.

These above mentioned authorizations includes not just myself, but also applies and includes authorizations for my child or children listed in this application. _____ (Initial**)

Signatures & Initials

AZG is proud of their Puppy Raisers who are giving of the time for their community. By helping train a service dog, our Puppy Raisers are helping others improve their lives. As such, it's agreed to (all Puppy Raisers must initial):

As a Puppy Raisers we do require that you always conduct yourself in _____ (Initial**) a professional manner at all times as an ambassador for AZG.

I understand that all dogs are 100% owned by Arizona Goldens LLC _____ (Initial**) and I am required to release the puppy back to Arizona Goldens LLC at any time, for any reason that AZG or its staff may request.

I understand that if I am accepted as an AZG Puppy Raiser, that the _____ (Initial**) position will be treated as an Independent Contractor as defined under a separate Independent Contractor agreement.

I agree to abide by all instructions, guidelines, policies, procedures, _____ (Initial**) and training standards presented to me by AZG staff, supervisory volunteers, written documents, and other means.

Other volunteer/family members who may accompany main Puppy Raiser to an event/training meeting/testing must initial below that they agree to abide by all instructions, guidelines, policies, and procedures presented to me by AZG staff, supervisory volunteer, written documents, and other means.

_____, _____, _____, _____, _____,

All parties involved (in contact) with AZG puppy must initial.

Other volunteer/family members who may accompany main Puppy Raiser acknowledge and agree that they will receive no financial compensation for any help, services, pictures, audio, or video during an event/training meeting/testing or during the Puppy Raising process.

_____, _____, _____, _____, _____,

All parties involved (in contact) with AZG puppy must initial.

During the course of the service dog application & placement process, there may be instances we will have to contact certain private, medical, state agency, or other individuals/companies to verify and ascertain additional information concerning your application.

By signing "Yes" below you give the right to any 3rd parties information as deemed necessary by AZG staff.

This information will be used to assist with verifying your application and any other activities necessary in the process of becoming a Puppy Raiser or working with a service dog in-training from AZG.

AZG understand that Identity Theft is a serious problem. AZG staff will protect all sensitive personal and medical information not deemed necessary or safe for public release and any other information the Puppy Raiser wishes to keep private (As deemed in writing in addendum to this application).

I certify that my answers are true and complete to the best of my knowledge. I hereby release AZG, employers, and other persons from all liability in responding to inquiries in connection with my application. If I am retained as a Puppy Raiser (Independent Contractor), I realize that false or misleading information given in my application or interview(s);

- Being charged with a violent crime or sexual crime (myself or member of my household);
- General or specific Misconduct;
- Violations of Code of Conduct or Puppy Raiser Responsibilities;
- Lack of care or neglect of the dog;
- Not following training guidelines or directions given by AZG staff;
- Violating the terms of the separate Independent Contractor Agreement
- Not completing the training milestones;
- Failure to work with or train the service dog, including but not limited to attending a minimum 2 training meetings, testing, or events in a month time frame.
- Failure to submit training reports
- Liable or slander against AZG or it's staff or clients

may result in discharge from my Independent Contractor Agreement along with the AZG dog in my care will be promptly returned to AZG with no financial remuneration. All other agreements and contracts with AZG or its staff will be voided.

I understand that AZG and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I have read, understand and agree to the above listed statement and do sign this application of my own free will.

I also recognize that my application may be denied without cause and that if I am retained, I can be released at the will of the organization without cause at any time and the AZG dog in my care will be returned with no financial remuneration and all other agreements with AZG or its staff will be voided.

Signature of Applicant: _____ Date: _____

Print Name of Applicant : _____

If applicant is under 18 years*, Legal Guardian's name: _____

Legal Guardian Signature _____ Date: _____

*If Puppy Raiser is under 18 years, a parent or guardian must accept overall legal responsibility along with supervising the care, training, costs, and tax implications of the Puppy in your household. One guardian or parent must accompany youth under 18 years of age to all AZG meetings/events and remain with youth during this time.

Signatures of Other Members of Household:

Signature:

Printed Name:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liability Waiver & Medical Authorization to Treat

I _____ hereby waive and forever discharge claims for property or physical damages or injury suffered in connection with ARIZONA GOLDENS LLC sponsored events, training meetings, testing, Boot Camp activities, and working with their service dogs or service dogs in-training and that the above client and or legal guardian(s) (as specified on page 1), their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, employees, and volunteers.

I also understand that I will be responsible for any costs of any service or medical treatment provided by 3rd parties and as an Independent contractor. You fully understand that you, your family members, or others that you may interact during the contract time frame are not covered by insurance of ARIZONA GOLDENS LLC.

In case of emergency, I understand that every effort will be made to contact the emergency person list on this page. ***In the event that they cannot be reached***, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC or the hospital/medical staff to hospitalize and secure proper treatment (including surgery) for the injured party.

I authorize ARIZONA GOLDENS LLC, and its employees, staff, or volunteers to release sensitive information contained in this application, private conversations, video, photos, and other methods to the Hospital, Treatment Facility, and applicable medical staff, along with authorities such as Police, Paramedics, or Fire personnel even though that information may be protected under the Health Insurance Portability and Accountability ACT (HIPAA) and other Federal Laws.

These above mentioned authorizations includes not just myself, but also applies and includes authorizations for my child or children listed in this application in the case of a medical emergency.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

If applicant is under 18 years*, Legal Guardian's name: _____

Legal Guardian Signature _____ Date: _____

*If Puppy Raiser is under 18 years, a parent or guardian must accept overall legal responsibility along with supervising the care, training, costs, and tax implications of the Puppy in your household. One guardian or parent must accompany youth under 18 years of age to all AZG meetings/events and remain with youth during this time.

Signatures of Other Members of Household:

Signature:

Printed Name:

Date:

Photo & Video Release Form

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC (“AZG”), its employees, or agents have the right to take photographs, videotape, or digital recordings of me, my child, or my dependent and to use these in any and all media, including print and online, now or hereafter known.

I further consent that to use of mine or my child’s name and identity may be revealed therein or by descriptive text or commentary and may contain certain information that is protected under the Health Insurance Portability & Accountability Act (“HIPAA”). These disclosures are dictated by AZG HIPAA Privacy Notice located on our website or provided to you.

This release of photo, video, and in-person account information includes, but not limited to:

- Pictures or video sent to AZG directly or through any social media outlet (directly sent or via general posting);
- At training meetings, testing meetings; or special events,
- Identification Photos;

I do hereby release to Arizona Goldens LLC, its agents, and employees all rights to exhibit this work in print and electronic form including online, publicly, or privately and to market and sell copies. I understand that video, picture, or references of myself or my child may be included in other products or marketing materials that AZG may produce for sale or for advertising the benefits of their programs. I waive any rights, claims, or interest I may have to control the use of my or my child’s identity or likeness in whatever media used and whatever venue it was used in.

I understand that there will be no financial or other remuneration for recording me or my child, either for initial or subsequent transmission or playback.

I also understand that Arizona Goldens LLC is not responsible for any expense or liability incurred as a result of my or my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of Applicant: _____ Date: _____

Print Name of Applicant : _____

If applicant is under 18 years*, Legal Guardian’s name: _____

Legal Guardian Signature _____ Date: _____

*If Puppy Raiser is under 18 years, a parent or guardian must accept overall legal responsibility along with supervising the care, training, costs, and tax implications of the Puppy in your household. One guardian or parent must accompany youth under 18 years of age to all AZG meetings/events and remain with youth during this time.

Signature:

Printed Name:

Date:

Please Mail or Fax Back Completed Form to:

Arizona Goldens LLC

Phone:(480) 508-7381

Fax: 1(866) 674-3186

P.O. Box 40776

Mesa, Arizona 85274-0776