

Thank you for your recent inquiry about our Foster Puppy Program. **Lions Foundation of Canada Dog Guides** is a national charitable foundation that was created by Lions of Canada. Its mission is to assist Canadians with a medical or physical disability by providing them Dog Guides at no cost.

Dog Guides Canada trains seven different types of Dog Guides. **Canine Vision Dog Guides** work with people who are blind or visually impaired. **Hearing Dog Guides** work with people who are deaf or hard of hearing. **Service Dog Guides** work with people with medical or physical disabilities. **Seizure Response Dog Guides** work with people who have epilepsy. **Autism Assistance Dog Guides** work with children who have autism spectrum disorder. **Diabetic Alert Dog Guides** work with people who have type 1 diabetes with hypoglycemic unawareness. **Support Dog Guides** are for use by professional agencies with individuals in traumatic situations.

The purpose of the **Foster Puppy Program** is to socialize the puppies and teach them proper house manners and basic obedience in a home environment in preparation for formal training as a Dog Guide. Foster families must be willing to follow the guidelines and directions of the Puppy Program staff in caring for and training the puppy. Foster puppies may not be left home alone for more than a few hours each day. Foster families must live within a reasonable distance from Oakville or Breslau, and be able to transport the puppy to and from Dog Guides Canada's facilities for veterinary care, puppy classes, assessments, and for other reasons as may be required from time to time.

Food for the puppies is generously donated by Pet Valu, and Dog Guides Canada's veterinarians provide medical care at our clinics in Breslau and Oakville. Foster families are required to leave a deposit of \$100 to cover the use of a crate, manual, halti, and identification jacket. Other expenses that foster families are expected to cover include a flat collar and leash, food and water bowls, toys, and grooming equipment and supplies.

Foster puppies return to Dog Guides Canada at approximately one year of age to begin formal training in one of the seven Dog Guide programs. If the puppy successfully completes training, the foster family will be invited to attend a graduation ceremony.

If your family wishes to participate in this program, please complete and return the enclosed application form. Once we receive your application we will contact you to arrange a home visit. Please feel free to contact the Puppy Program staff at any time if you have questions or comments.

**Puppy Program Staff – Oakville**

Rachel Gallant (905) 842-2891 or 1 (800) 768-303 Ext. 280

Kate Hely (905) 842-2891 or 1 (800) 768-303 Ext. 287

Katie Hood (905) 842-2891 or 1 (800) 768-3030 Ext. 228

**Puppy Program Staff – Breslau**

Kim Discipline (519) 648-3780 or 1 (888) 624-5291 Ext. 229

Sam Hobbes (519) 648-3780 or 1 (888) 624-5291 Ext. 230

**GENERAL INFORMATION:**

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

<b>Applicant Name</b>			
<b>Address</b>			
<b>Apt / Unit #</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	
<b>Primary Telephone</b>		<b>Secondary Telephone</b>	
<b>Email</b>			

Is there another address where the puppy would be spending a significant amount of time? (eg. Cottage, Family member's home)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Address</b>			
<b>Apt / Unit #</b>		<b>City</b>	
<b>Province</b>		<b>Postal Code</b>	

<b>How did you hear about the foster puppy program?</b>	
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<b>Why do you want to foster a puppy?</b>	
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<b>Would you intend to leave your puppy alone on a regular basis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>If yes, please state the reason and amount of time each day:</b>
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<b>If you plan to bring your puppy with you to school or work, do you have permission from your school or employer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Employer/School</b>	
<p><i>Please note - applications from students at the following schools are accepted only at certain times of year:          Wilfred Laurier/Waterloo - January   University of Guelph – April   University of Western Ontario – July</i></p>	

**PUPPY CLASSES & VET CARE**

<b>Do you have access to a car for travel to puppy classes and vet visits (including in emergency situations)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you agree to travel to both the Oakville and Breslau facilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please state any regular commitments that might affect your availability:</b>	

**HOME SETTING**

<b>Type of home (condo/apt/town/etc.)</b>	
<b>Do you own or rent your property?</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent
<b>Do you have a fenced yard?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If not already fenced, would you be able to fence an area?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If “No” to above, please describe how would you accommodate the dog’s toileting and exercise needs?</b>	
<b>Do you have a preference about the breed or sex of the puppy?</b>	
<b>Are you interested in fostering an older puppy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>When will you be ready to foster a puppy?</b>	

Please complete information for all persons living in your household including yourself.

Name	Relationship	Age	Occupation	Dog Allergies	Disabilities	Dog Experience			
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N

Please list all pets that are currently in your home:

Animal Type (dog/cat/bird/etc.)	Breed (if dog)	Age (yrs)	Name

Thank you for completing the Foster Family Application.

**AUTHORIZATION OF APPLICANT:**

By typing your name in the signature space below you are verifying that all information provided is accurate to the best of your knowledge.

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

\_\_\_\_\_  
Date

Once you have completed this application please  
**'save as' LastName-FirstName**  
 and email Sam with the saved form as an attachment to [shobbes@dogguides.com](mailto:shobbes@dogguides.com)