



APPLICATION FOR RELEASED THERAPY DOG

Name(s): _____

Address: _____ **City:** _____

State _____ **Zip** _____

Home Phone: _____ **Work Phone** _____

Email address(s) _____

Other Contact

Information _____

Occupation(s): _____

Ages of Children home: _____

Dwelling is: House Apartment Townhouse Mobile home

Other: _____

Is the Street: Busy ___ Quiet ___ In-between ___

Describe setting: Urban ___ Rural ___ Suburban ___

Describe Property

Briefly: _____

Describe fenced area: Height: _____ **Type fencing:**

Area enclosed: _____

Do you own or rent your home? _____ If renting we will need to verify with your landlord that they have given you permission to own a dog.

Landlord's name _____

Address _____

Phone # _____

Tell us why you want to adopt a Released/Therapy dog: (note any special needs of individuals in the home that the dog might assist with).

Work schedules of adults in the home:

How many hours (on average) will the dog spend alone?

Where will the dog spend most of their time during the day? (circle all that apply)

**Indoors(loose) Indoors(crated) Indoors(in a room) Basement
Garage Tied out Fenced Yard (loose) Loose (unfenced) Kennel run Other:**

Where will the dog spend nights? (circle all that apply):

**Indoors (loose) Indoors (crated) Indoors (in a room) Basement
Garage Tied out Fenced Yard (loose) Loose (unfenced) Kennel run other:**

Where will the dog be kept during vacations?

Who would be the primary caregiver for this dog?

HOW, by whom and how often will the dog be exercised?

What kind of training have you completed with previous dog(s)? (circle all that apply):

None basic/pet obedience competitive obedience tracking, Conformation showing Hunting guard dog search and rescue agility therapy work police K-9 work Other (describe)

Would you be willing to take your new dog to an obedience class?

Yes ___ No ___ If "no", why not? _____

List all plans for this dog (circle all that apply):
None right now Basic/pet obedience competitive obedience tracking
conformation Showing hunting guard dog search and rescue agility therapy
dog Other: _____

Do you routinely walk your dog(s) on leash?

Do you have a leash law in your town _____

Describe: _____

Have you ever housetrained a dog before? _____

Are you willing to housetrain an adopted pup? _____

Do you own a crate? _____ Size/type of crate? _____

Are/is your dog on heartworm preventative? Yes _____ No _____

If "no", why not? _____

**If given a choice do you have a preference for: LAB GOLDEN MALE FEMALE
doesn't matter**

Previous dog experience: _____

At what age(s) and under what circumstances did previous dog(s) die?

List TYPE /Sex/ Spayed/Neutered/ and ages of current pets:

Have your pets been introduced to a new dog?

**Do you have any other animals? Do your neighbors have any animals that
you would like to consider in this adoption process, such as cats that may
wander into the yard? (cats, birds, dogs, lizards, bunnies, etc.)**

**ICAN, Inc. will contact your veterinarian (if you currently have one). Please
contact them and give permission for us to discuss your past pet history
prior to ICAAN's call and interview.**

Veterinarian or Clinic Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Some things to keep in mind as you pursue adoption of a release dog:

• Labs and Goldens SHED – a lot! They need regular grooming, their toenails need regular clipping, their teeth regular brushing and their ears need occasional cleaning.

• All dogs should get yearly DHLPP/Bordatella booster vaccinations and they must have their annual heartworm tests and take preventative for 12 months. They also need a rabies shot every year (some vets recommend a three year rabies vaccine)

• All Labs/Goldens need daily exercise and mental stimulation – this is especially true with release dogs. These dogs have had a great deal of training, exercise and human interaction. A dog that is exercised and has a “job” (i.e. fetching, learning new behaviors) will be a better-behaved, happier dog.

• Annual expenses for vet care, food, training; toys, etc. will run a minimum of \$500 - \$1,000. Are you prepared to meet these needs?

Yes _____ NO _____

Please tell us about any special circumstances/situations that you would like us to consider as we review your application for a therapy dog:

Your signature below indicates that you give ICAAN, Inc. permission to contact your veterinarian and landlord (if needed).

Signature: _____ **Date:** _____

Please return application to:

ICAN, Inc.

1801 North Meridian Street

Indianapolis, IN 46253-0174

CO: Andrea Elliott

Email: andrea@icandog.org

Phone (317) 373-1872