

**Sarah Holbert, CEO**  
**Megan Lewellyn, Canine Assistance Director**  
**Amanda Blackwood, Adult Services Director**



**PO Box 314**  
**Concordia, Ks 66901**  
**1-800-498-1077**  
**FAX 1-785-243-1079**  
**caresks.com**

**FOSTER RAISER APPLICATION**

Name of applicant (primary raiser) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)

List other persons in the home:

Name: _____	Age: _____
_____	_____
_____	_____
_____	_____

Do you have pets in your home? Yes \_\_\_\_ No \_\_\_\_ If yes, please list:  
\_\_\_\_\_

Are you involved in any dog-related activities? Yes \_\_\_\_ No \_\_\_\_ If yes, please list:  
\_\_\_\_\_

Describe briefly any experience (showing, obedience classes, etc.) that you have:  
\_\_\_\_\_  
\_\_\_\_\_

**Sarah Holbert, CEO**

**Megan Lewellyn, Canine Assistance Director**

**Amanda Blackwood, Adult Services Director**



**PO Box 314  
Concordia, Ks 66901**

**1-800-498-1077  
FAX 1-785-243-1079**

**caresks.com**

Please explain why you wish to be a puppy raiser. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced-in exercise area? Yes \_\_\_\_ No \_\_\_\_ If no, how do you plan to keep the puppy supervised?

\_\_\_\_\_  
\_\_\_\_\_

All CARES, Inc. puppy raisers must agree to the following:

- \*Socialize the puppy under normal supervision circumstances.
- \*Raise the puppy according to the CARES, Inc. puppy raiser manual.
- \*Provide the puppy with a loving and secure home.
- \*Provide the puppy with any and all necessary and timely health care. This includes routine care (shots, worming, etc.) spaying or neutering of the puppy at the age of 6 months (unless specified by CARES) and care needed in the event of illness or accident.
- \*Inform CARES, Inc. of the puppy's progress by completing and returning the provided monthly reports. If CARES, Inc. does not receive an adequate amount of these reports, removal of the puppy will occur.
- \*Return the puppy to CARES, Inc. for advanced training and placement when required by CARES, Inc.
- \*If CARES, Inc. receives two document accounts of mental/physical abuse or neglect, CARES, Inc. will remove the puppy from the home.

Applicant signature: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_

References (a letter of endorsement from each reference MUST accompany application)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Sarah Holbert, CEO**

**Megan Lewellyn, Canine Assistance Director**

**Amanda Blackwood, Adult Services Director**



**PO Box 314  
Concordia, Ks 66901**

**1-800-498-1077  
FAX 1-785-243-1079**

**caresks.com**

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
**PARENTAL INFORMATION (if under the age of 18)**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ (home) Phone \_\_\_\_\_ (home)

\_\_\_\_\_ (work) \_\_\_\_\_ (work)

Revised 1-17-03