



**ARIZONA GOLDENS LLC
VOLUNTEER BREEDER CAREGIVER APPLICATION**



Arizona Goldens LLC (hereinafter referred to as "AZG")

Breeder Caregiver's : Last name: _____ First name: _____ MI _____

Address: _____

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

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

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

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

Breeder Caregiver's Employer: _____ Position: _____

Employer's Address: _____ Work phone #: (_____) _____

Do you live in: House Apartment Condo Acreage Other _____

** If you are renting any of the above please provide a copy of rent agreement that states animals over 80 pounds are allowed and list breed restrictions.*

**Please note the puppy caregiver(s) is responsible for any and all damages that may incurred by the puppy, all cost will be paid by puppy caregiver(s).*

An unspayed female puppy will come into season during the puppy raising period. Are you able to provide safe and secure housing for a puppy in season: yes no

Directions to home:

Please list all individuals that will be living with the puppy below. Include name, age, and relationship to main caregiver what they do for a living. * Please note all people in the house must be willing and able to follow all Arizona Goldens, LLC rules, regulations and training:

Name	Age	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in your home have special needs? Yes No Please describe: _____

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
Sex: M F Breed _____ Altered Intact Age _____ lives in house lives outside
Sex: M F Breed _____ Altered Intact Age _____ lives in house lives outside
Sex: M F Breed _____ Altered Intact Age _____ lives in house lives outside

Number of cats? _____ Number currently living in your house? _____

Do you own other animals? Describe: _____

Do any of your animals currently in your household have any behavior issues?

Have any of your animals in the past had any problems with other animals coming into your household? If so please explain: _____

Are all pets current on vaccinations? Yes No Wormings? Yes No Flea control? Yes No
(Please attach a copy of current vaccination records.)

Have you ever attended a dog obedience class? Yes No

Please describe the obedience class you have attended:

Would you accept a puppy with behavioral problems, this includes normal puppy development issues? Yes No

Would you accept a puppy with Health problems? (Examples of a health problem is an ear infection or hot spot, which are common for retrievers to have) Yes No Improper house manners? Yes No

Do you have a gender preference? Male Female Either (Please note that your preference will be taken into account but there is no guarantee to size, breed, gender, color or age)

Do you have an escape-proof fenced yard? Yes No

Do you own a dog house? Yes No Dog run/pen? Yes No Is it covered? Yes No

Do you have a swimming pool? Yes No Is it separately fenced with self locking gate? Yes No

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

Are you willing to devote time daily to training, socialization and grooming? Yes No

Do you understand that this puppy must be raised as an "indoor dog" and must be allowed to sleep in the house? Yes No

How many hours a day will the puppy be alone? _____

When left alone do you agree to keep the puppy in a crate (4 hours maximum), in a dog run (weather permitting) or confined to a specific area of the house? Yes No

Will the puppy go to work with you? Yes No If yes, # days a week _____ # hours a day _____

Will the puppy go to school with you? Yes No If yes, # days a week? _____ # hours a day _____

Are you able to pay for all veterinary care? Yes No

Do you understand that AZG representative may visit your home periodically throughout the time you have the puppy and may do so unannounced? Yes No

Have you read the requirements and responsibilities for being an "Arizona Goldens LLC Puppy Caregiver"? Yes No

Why do you want to volunteer for Arizona Goldens LLC?

I understand that all dogs are own by Arizona Goldens LLC and you are required to release the puppy/dog back to Arizona Goldens promptly upon our request. _____ **Initial(s)**

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 volunteer, I realize that false or misleading information given in my application or interview(s) may result in discharge. I also recognize that my application can be denied without cause and that if I am retained, I can be released at the will of the organization. I give Arizona Goldens LLC. the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Arizona Goldens LLC to the public in any manner that AZG wishes from the date signed and in perpetuity.

Signature of applicant: _____ Date: _____

Signature of applicant: _____ Date: _____

If applicant is under 18 years, parent name: _____ Signature _____ Date: _____

All records relating to the volunteer application and interview will be kept confidential and only Arizona Goldens LLC staff will have access.



Responsibilities of Arizona Goldens LLC Puppy Caregivers



- Positive, clean and healthy environment
- Lots of daily exercise
- Keeping the puppy fit and trim, **obese dogs will not be tolerated**
- Attendance of a minimum 2 out of every 3 meetings a month is required for breeders up to 3 years of age and 1 out of 3 meetings a month for dogs over 3 years of age
- Doing regular training outside of formal classes
- Car rides and public socialization
 - Including but not limited to: varying car ride lengths, walks in different environments (parks, malls...), introduced to crowds, places with high traffic, bus rides are strongly encouraged.
- Recommend going to a new place once a week
- Discouraging any vocalization of any kind and of marking of items
- **NO HUMAN FOOD** (except carrots) unless directed by a Arizona Goldens LLC staff member
- NO rough housing or “mouthing” allowed
- Puppy caretakers are responsible to keep the puppy current on all vaccination (please see Arizona Goldens LLC vaccination regulation sheet in manual for more detail)
- Puppy caregivers are responsible for all vet bills except the following:
 - PennHip radiographs done at approved vet
 - OFA radiographs
 - OFA Thyroid and Heart certification
 - Eye CERF
 - C-Section (if needed)
- Puppy caregivers are required to provide: monthly heartworm, flea and tick preventives, yearly heartworm and fecal tests. The only heartworm preventives allowed are Interceptor, Heartguard or Revolution. The only flea and tick preventives that are allowed are: Frontline (plus or regular), Advantix, or Revolution. Caregivers are also responsible for Spray or Neuter cost **ONLY** when given written notice to have procedure done and only at approved veterinary hospitals.
- Caregivers are required to provide and keep AZG puppy on NuVet for the life of the puppy unless instructed otherwise by Arizona Goldens LLC.
- Communication that request a responses will be are required to be responded to within one week time and if any caretaker has a change of information in then their application it must be updated in writing within two weeks of the change.
- The puppy will **ONLY** be neutered or spayed with Arizona Goldens LLC written consent. The veterinary hospital that you choose must be preapproved and must follow AZG guide lines.
- There will be some paperwork that caregivers will have to quarterly turn in a proper and neat manner.
- Caregivers must use only approved dog food brand(s) and treat(s). Any food changes must be pre-approved by AZG.
- Vet reports must be filed with AZG within 24 hours after any vet care.
- Breeder caregivers must live within 50 miles of AZG.
- Breeder caregivers must read and sign that they agree to follow protocols outlined in the FAQs for Breeder Caregivers.
- Breeder caregivers agree to attend AZG training meetings and/or AZG workshops and abide by any instructions and or protocols given by AZG staff member.

Please sign saying that you understand and will follow and agree to all guidelines above and understand that this is a living document and subject to change. That you understand that violating any of the above terms above, rules/guidelines of Arizona Goldens LLC staff member can take back the puppy at any time with little to no warning and all paperwork pertaining to the puppy and AZG must be handed over with a week of puppy’s return to Arizona Goldens LLC. That you understand slander to Arizona Goldens LLC and or any staff member is not tolerated. You understand the puppy put in your care is own by Arizona Goldens LLC.

Signature(s)

(all family members must sign)

Date



**ARIZONA GOLDENS LLC
PARTICIPANT CONSENT AND RELEASE FORM**



All persons applying to volunteer with AZG must complete this consent and release.

Participant Last name: _____ First name: _____ MI: _____ Date of Birth: _____

Street Address: _____

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

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

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

Family physician: _____ Phone: _____

Health insurance co.: _____ Policy #: _____ Group #: _____

I hereby waive and forever discharge claims for damages suffered in connection with ARIZONA GOLDENS LLC sponsored events that the above listed individual, their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of ARIZONA GOLDENS LLC.

In case of emergency, I understand that every effort will be made to contact the person below. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC, to hospitalize and secure proper treatment (including surgery).

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

Signature: _____ Date: _____

Primary Emergency Contact Person: _____ Phone: (_____) _____

Secondary Emergency Contact Person: _____ Phone: (_____) _____

Signature: _____ Date: _____

Primary Emergency Contact Person: _____ Phone: (_____) _____

Secondary Emergency Contact Person: _____ Phone: (_____) _____



AGREEMENT TO TERMS OF SERVICE

All persons applying to volunteer with Arizona Golden Retriever LLC must complete this agreement.



I fully understand and accept the responsibilities for volunteer position(s) with ARIZONA GOLDENS LLC (AZG)

<input type="checkbox"/> Puppy Raiser	<input type="checkbox"/> Special Events	<input type="checkbox"/> Committees
<input type="checkbox"/> Puppy Sitting	<input type="checkbox"/> Informational Booths	<input type="checkbox"/> Board
<input type="checkbox"/> Breeder Caregiver	<input type="checkbox"/> Fund Raisers	<input type="checkbox"/> Other _____

I agree to abide by all instructions, guidelines, policies, and procedures presented to me by AZG staff, supervisory volunteers, written documents, and other means. _____ (all members in household must initial)

I acknowledge and agree that I will receive no financial compensation for any services that I may perform for ARIZONA GOLDENS LLC. _____ (all members in household must initial)

I acknowledge and agree that I may be released from my volunteer duties at any time at the will of AZG. If I am released from volunteer duties, I agree to return any AZG dog that was placed in my care promptly. In addition I will promptly return any other AZG supplies/equipment/documents to an AZG staff member.

Main Volunteer Name (Signature): _____ Date: _____

Main Volunteer Name (Printed): _____

Other Volunteer/family members involved:

Signatures:	Print:	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Mail or Fax Back Completed Form to:

Arizona Golden Retriever LLC

Phone: (480) 205-6810

Fax: 1(866) 674-3186

P.O. Box 40776

Mesa, Arizona 85274-0776



Veterinary Information

Name of clinic: _____ Name of veterinarian: _____
Address: _____ City: _____
State: _____ Zip: _____ Office phone: (_____) _____

Will your veterinarian donate all or any of their services? Yes No

For Arizona Golden Retrievers LLC staff member to fill out only!

First Contact:

How did they hear about us? _____ Date: _____

Next Action: _____

Interview and home inspection date: _____ Approved Unapproved

If unapproved why: _____

Interview and home inspection completed by: _____

Application approved by: _____

Name of the puppy assigned to raiser: _____

D.O.B: _____ Microchip #: _____ AKC Number: _____

Program Placement: Breeder Service Dog Service Dog Classification: _____

Date of graduation: _____

Date of Career Change: _____ Reason: _____

Date of Retirement: _____ Reason: _____

Other: _____ Reason: _____

Recipient Name: _____ Main Disability: _____

Breeder Caregiver Name: _____ Phone #: _____

Adoption : New Owner Name(s): _____

Additional Comments: _____

AZG representative, please complete this box

AZG Representative _____

Signature approving declining application _____

Date available for puppy placement: _____

Puppy name: _____ ID#: _____ Sex: _____ Breed: _____

Whelp date: _____ Sire/dam: _____

Date delivered: _____ How delivered: _____