



Canine Companions for Independence Release Dog Application

Persons applying for a released dog must be willing to travel, at their own expense to a CCI campus within 1 week of being notified that a potentially suitable dog is available. Indicate which facility you would come to meet a dog? (Please send this completed application directly to the facility you indicate.)

Northwest Region
PO Box 446
Santa Rosa, CA 95402-0446

Northeast Region
PO Box 205
Farmingdale, NY 11735

Southwest Region
PO Box 4568
Oceanside, CA 92052

Southeast Region
PO Box 680388
Orlando, FL 32868

North Central Region
4989 State Route 37 E
Delaware, OH 43015-9862

APPLICANT

Name: _____

Address: _____

City/State/Zip: _____

Telephone: Home () _____ Work () _____

Email: _____

Why do you want a CCI released dog? _____

OTHER MEMBERS OF HOUSEHOLD

Name: _____ Relation to applicant: _____ Age: _____

Name: _____ Relation to applicant: _____ Age: _____

Name: _____ Relation to applicant: _____ Age: _____

Name: _____ Relation to applicant: _____ Age: _____

Name: _____ Relation to applicant: _____ Age: _____

HOUSEHOLD

How long at present address? _____

Do you own or rent your home? own rent

If renting, provide landlord's name and phone:

Do you have a securely fenced yard? yes (Fence height: __) no

An enclosed dog run? yes (Fence height: __) no

Is anyone in your home allergic to dogs? yes no

Have you even taken a dog through obedience classes? yes no

Are you willing to use a dog crate? yes no

What is the number of hours per day the dog would spend alone (without people)? _____

Where would the dog be when alone? _____

For Office Use Only

PETS

Please list all dogs currently in your home and/or that you have had in the past:

Breed	Age	Sex	Spayed/Neutered? (If no, why not?)	What became of this dog?

Comments: _____

Please list all other pets in your home include age and sex of each animal:

VETERINARY CARE

Please list the names and addresses of veterinarians that see or have seen your pets?

Name: _____

Address and phone: _____

Name: _____

Address and phone: _____

PREFERENCES

The dogs available for adoption are purebred Golden Retrievers, Labrador retrievers (black and yellow) and Labrador/golden retriever crossbreds. Please indicate breed and gender preferences:

BREED

- Labrador Retriever
- Golden Retriever
- Labrador/Golden Retriever Crossbred

SEX

- Female
- Male
- No Preference

AGE

- Under 1 year of age
- 1-5 yrs
- 5 yrs or older

Most dogs released from the program are young adult dogs that are deemed unsuitable to become assistance dogs for medical or behavioral reasons. Occasionally, a retiring assistance dog may be available (age of dog is anywhere from 8-12 years or older).

Are you applying to adopt a retiring assistance dog? yes no

Are you willing to accept a dog released for a medical condition? yes no

Medical reasons may include but are not limited to the following, please check those you would consider:

- Auto-immune disorder
- Allergies
- Cataracts
- Epilepsy
- Heart problem
- Hip/elbow dysplasia
- Other vision problems
- Urinary tract infections (chronic)

Comments: _____

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Some of the behavioral characteristics that preclude a dog from becoming an assistance dog may require additional training and/or appropriate management/supervision. However, due to our limited staff resources and time available CCI does not provide ongoing training or support for released dogs and their handlers.

Are you willing to seek, acquire and take financial responsibility for any additional training? yes no

Please check the characteristics that you are able and willing to work with:

- Aggression (dogs/cats/other animals)
- Aggression (people)
- Assertiveness (requiring strong leadership)
- Excessive (inappropriate) Barking
- Excessive Energy Level
- Fearful Behavior (sensitivity to unfamiliar noises/people/objects)
- Inappropriate Chewing/Digging
- Seperation Anxiety
- Toileting Issues (not house broken, marking, submissive urination, indiscriminate toileting)
- Training Issues (low trainability, distractibility)

Comments: _____

I understand that dogs released from the program are not suitable for placement to work with a person with a disability. I agree, therefore not to attempt to place a released dog as an assistance dog, either on my own or through a third party. I understand that violating this agreement makes me ineligible to act as a puppy raiser, volunteer or release dog adopter for CCI in the future.

I understand that completing this application does not guarantee that I will receive a dog from Canine Companions for Independence (CCI). I understand that (CCI) matches each individual dog with a home that meets the specific needs of the dogs and the adopter(s). Therefore, placement with a dog is not based on the length of time an application is on file and there is no way to predict if or when an appropriate dog may become available. I understand that there is a \$ 500 adoption fee for a released dog (fee waived for dogs with serious medical conditions and for retired dogs). I understand that it is my responsibility to keep CCI informed of changes in my address and phone number as well as changes in my interest in adopting a dog. I understand that my application will be kept on file for a two-year period. After that time, I will need to submit a new application for further adoption consideration. **To the best of my knowledge, the information that I have provided on this Release Dog Application is true and accurate.**

Signature(s):

Applicant Date

Applicant Date

Please retain a copy of this application for your records.