

Canine Companions, 17D

Service Dog for Autism Application

- Must be over 21 years of age
- Must be able to bring puppy to trainings
- Must be able to meet the financial obligations of fostering
- Must meet all other foster expectations

Applicant Name	Date of Birth			
Address				
City State Zip				
Phone Type E-Mail				
Have you fostered a puppy before?				
Why do you want to foster a puppy?				
Type of residence (House, apartment, condo, etc)				
Does the home have a yard? (If yes, is it fenced?)				

olica	ant Name Date of Birth
	Employment/Income Verification*
	This can include last 60 days of check stubs and bank statements
	Pay history for any child support, SSI payments, or any "other" income
	*The purpose of this information is to determine that the home in which the dog will be residing is financially capable of providing for the need of the service dog. If your plan to afford this care includes receiving help from a friend or family member, please provide a handwritten letter, signed, and dated
	with contact information that explains the help they will provide.
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	old Information:
1.	old Information:
1.	How many people reside in the home? Please list name, age, and relationship below Are there any other animals in the home? If yes, please list type, breed, spayed/neutered, up

4. How many hours a day will the dog be alone (typically)?

Applicant Information			
How would you describe your lifestyle and personality? Please list strengths and cha	allenges.		
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determine placement.			
Applicant Signature	Date		
Applicant Print Name			

Canine Companions, LTD

