



Home of Hearing and Service Dogs of Minnesota

9440 Science Center Drive
New Hope, Minnesota 55428
Phone: 763-331-3000
Fax: 763-331-3009
www.can-do-canines.org

Hello!

Thank you for your interest in a Can Do Canines career change dog. We train and place dogs who have special skills to assist individuals with mobility problems, hearing loss, diabetes, seizures, and children with autism. When a dog cannot complete our training program due to medical or temperament issues, we place them in permanent pet homes.

Individuals who are residents of Minnesota or Wisconsin may apply for Can Do Canines career change dogs by completing a brief application. Residents of other states will not be considered. Applications are kept on file for one year. If a dog meeting your criteria becomes available, the program coordinator will contact you. There is no guarantee Can Do Canines will match an individual with a dog, or that applications are filled on a first-come, first-served basis. The staff will carefully consider the available homes and make the best placement possible for the dog.

Dogs that are released from Can Do Canines training program and placed up for adoption shall be spayed or neutered prior to placing them in a pet home. When placed in a pet home a donation to Can Do Canines is requested. This is not a purchase price for the dog. This donation is non-refundable, even if the dog is returned to Can Do Canines, but it is tax deductible.

We ask that potential adoptive homes seriously consider the dog's welfare and only proceed if they are committed to the adoption and to the dog. Can Do Canines expects individuals adopting a dog to provide a lifetime home for that animal. Can Do Canines will release all information we have with regards to the dog, their health, temperament and habits. The reason the dog is being released from the program will be shared with potential adopters. However, new behaviors may develop in a new environment.

Can Do Canines recommends that all adoptive homes take their new dog to an obedience training class. This will help the dog and new owner become acquainted and will help the transition for the dog and family.

Again, thank you for your interest in Can Do Canines!

Sincerely,

Shenna Lemche
Training Manager



9440 Science Center Drive
 New Hope, MN 55428
 (763) 331-3000: office
 (763) 331-3009: tax
info@can-do-canines.org

Career Change Dog Adoption Application

Please complete and return the application to Can Do Canines. We will keep your application on file for one year. At the time of adoption we would like you to consider a donation to help reimburse our program for dog-related medical and food expenses.

Name _____ Home Phone _____ Voice TTY
 Address _____ Work Phone _____ Voice TTY
 City, St, Zip _____ Cell Phone _____
 Referred By _____ Email _____

List all the members of your household, including yourself.

Name	Relationship	Age	Wants a Dog?	How long will this dog be left alone during the day? _____ hrs./day
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to allow this dog to be an indoor pet? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	How will this dog be confined at night? <input type="checkbox"/> Crate <input type="checkbox"/> Door <input type="checkbox"/> Gate <input type="checkbox"/> None
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you own or rent your home? Own Rent
 Do you have permission from your association or landlord to have a dog? Yes No
 Do you have a fence? Yes No
 If yes, what kind of fence do you have? _____

Please describe your home and yard size: _____

Do you have any other pets? Yes No If yes, fill in the following information:

Name	Age	Species	Gender	Spayed/Neutered	Lives indoors or outdoors?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list the type of dogs you have previously owned.

Breed	Owned how long?	What happened to this dog?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dog Preferences *Please note: selecting less specific preferences increases the opportunity for us to match you with a dog.*

Type of Training: Any House Obedience Breed: Any Mixed Specific – Please list _____

Gender: Either Male Female Age: Any 8 wks. to 1 yr. 1 yr. to 2 yrs.
2 yrs. to 3 yrs. Over 3 yrs.

Are you willing to adopt a dog that is
career changed due to:

Medical needs? Yes No
Diagnosis of hip or elbow dysplasia? Yes No
Behavior (such as uncomfortable in public,
kennel anxiety, etc.)? Yes No

Please list who will be primarily responsible for the following activities:

Feeding	_____	Exercising the dog	_____
Grooming – brushing, nails, teeth	_____	Letting the dog in and out for potty breaks	_____
General training – obedience, general behavior	_____	Cleaning up potty area	_____
House training, if applicable	_____	How often will potty area be cleaned?	_____

Please explain how you think a Career Change dog will add to your family. Include as much information as possible as it is important that we understand what you are looking for in a dog and why a Career Change dog is a good choice for you. (Please use additional paper if necessary.)

Signature of Applicant

Date

Thank you for completing this application and returning it to:

Can Do Canines
9440 Science Center Drive
New Hope, MN 55428
763-331-3000 voice
763-331-3009 fax
or
puppyprogram@can-do-canines.org