



## SECONDARY PUPPY RAISER AGREEMENT

Dog's Name: \_\_\_\_\_ Birth ID: \_\_\_\_\_  
Region: \_\_\_\_\_

Thank you for making the commitment to raise a potential guide dog puppy for Guiding Eyes for the Blind (GEB). Behind every guide dog is a caring puppy raiser like you who gives their love, time, and resources so that a blind person can know the freedom of independence. It will not be easy when the pup leaves you after 12 to 18 months, but your sadness will be offset by the joy of helping others.

Preparing a valuable pup to become a potential guide dog is an important responsibility—one that we know you have given serious consideration. The GEB staff and Region Team stand ready to assist you every step of the way. If a situation arises, such as a change of employment, a move, or the pup is proving not to be a good match for your household, Guiding Eyes for the Blind's Puppy Program team members will move the pup to accommodate your needs as well as those of the puppy. The Secondary Puppy Raiser(s) of a Guiding Eyes for the Blind puppy understands and agrees to the following conditions:

1. Guiding Eyes for the Blind is the sole owner of the dog and therefore maintains sole authority regarding all aspects of the dog's well-being including (but not limited to) its health, safety, socialization, temperament, training, and placement.
2. The Secondary Raiser understands that they do not have adoption rights to the dog they help raise.
3. Guiding Eyes for the Blind will not be held liable for damages or injury that may be caused by the dog.
4. Guiding Eyes for the Blind will pay only **pre-approved** and **authorized** veterinary expenses of the dog except in an emergency. In the event of an emergency, the Secondary Raiser is expected to communicate with Guiding Eyes' vets when enroute to Emergency vets so expenses will be covered and Guiding Eyes knows the situation.
5. The Raiser and/or Secondary Raiser will attend all required meetings and appointments including (but not limited to) veterinary appointments, scheduled Walk & Talk assessments, training classes, and any appointments associated with the health, safety, or behavior of the dog and agrees to access web-based training materials. If any of the above pose a challenge, the Raiser, Secondary Raiser, Regional Manager, and Region Coordinator will need to work together to find a suitable arrangement.
6. The Secondary Raiser will treat all Guiding Eyes volunteers, staff, donors, clients and animals with respect and kindness. Likewise, Guiding Eyes staff is committed to treating each Raiser with mutual respect and kindness.
7. Guiding Eyes for the Blind shall provide each dog with a buckle collar carrying a Guiding Eyes ID tag showing the Canine Development Center phone number and/or address.

8. The Secondary Raiser will use the crate according to Guiding Eyes-policy. See "Crating Policy" at GuidingEyes.org. Guiding Eyes for the Blind shall provide a crate for the dog. This crate remains the property of Guiding Eyes and shall be returned when requested in similar condition as when received.
9. The Secondary Raiser will provide high quality dry dog food. (see [www.guidingeyes.org/volunteer-center/healthveterinary-care/food-water](http://www.guidingeyes.org/volunteer-center/healthveterinary-care/food-water)) and shelter (in the house).
10. The Secondary Raiser shall keep the dog at a healthy weight, well-groomed, and free from external parasites.
11. Guiding Eyes for the Blind shall provide monthly heartworm preventative and monthly flea and tick preventative. The Raiser and/or Secondary Raiser are responsible for ensuring that pup receives above referenced medications **on the first day of the month**.
12. The Secondary Raiser will not be held liable for the loss of the dog.
13. The Secondary Raiser will keep the dog on leash or in a secure fenced area and supervised at all times when outdoors.
14. The Secondary Raiser agrees to comply with all Guiding Eyes policies outlined in the Puppy Raising section of the Guiding Eyes website. Guiding Eyes for the Blind reserves the right to modify its policies at any time. Current policies are posted on the website under "Policies for Pup Program" \*([www.guidingeyes.org/volunteer-center/puppy-raisers/policies-for-pup-program](http://www.guidingeyes.org/volunteer-center/puppy-raisers/policies-for-pup-program)). Guiding Eyes reserves the right to re-home the dog and/or dismiss the Raiser from the Puppy Raising Program if s/he is not in full compliance with above referenced policies. Upon notification by Guiding Eyes of its intent to re-home the dog and/or dismiss the puppy raiser, the raiser agrees to promptly return the dog to Guiding Eyes.

**I HAVE READ THE ABOVE AGREEMENT COMPLETELY AND AGREE TO ALL TERMS AND CONDITIONS.**

*(Optional)* I hereby grant Guiding Eyes for the Blind, Inc permission to use my likeness and/or my name in any and all of its publications, including websites, promotional or educational initiatives. *Please fill out last section if you checked this.*

Raiser Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Date \_\_\_\_\_

Region Manager  
Signature \_\_\_\_\_

Date \_\_\_\_\_

*FOR STAFF USE ONLY:*

*Raiser already has a media release on file.*

## PLACEMENT INFORMATION

Please indicate how you prefer that your mail be addressed:

Mr./  Mrs./  Ms./  First name: \_\_\_\_\_

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

Mailing

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone( ) Work Phone: ( ) Cell Phone: ( )

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

List other household members directly involved in puppy raising:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Other \_\_\_\_\_

Please indicate how you would like your certificate to be written, e.g. The John Smith Family, John Smith, Mr. and Mrs. Smith, etc.

So that they may stay in touch with you, would you like your name, address, and phone number given to the person who eventually gets the puppy you are raising? This may be a blind graduate, a foster family, or an adoptive family.

Yes  No

Name of Vet Hospital \_\_\_\_\_

Vet Hospital Address \_\_\_\_\_

Vet Hospital Phone: ( ) E-mail: \_\_\_\_\_

Services donated?  No  Yes If yes, please specify: \_\_\_\_\_

Equipment donated?  No  Yes If yes, by whom: \_\_\_\_\_

Food donated?  No  Yes If yes, by whom: \_\_\_\_\_

This is the  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> \_\_\_\_\_ puppy I have raised for Guiding Eyes for the Blind.