# Black print on a white background reads "Guide Dogs."

# Puppy Raiser Consent Form

Date:

Completed By:

Dog Name:

Dog Code:

Puppy Raiser’s Name:

If the pup is successful in either the Guide Dog or Therapy Dog Program, do you give permission for your details to be passed onto the pup’s new client? Please note that it is at the client’s discretion whether they make contact or not.

[ ]  Yes [ ]  No

If yes, please fill out the contact details you wish to be passed on and sign:

Phone: Email:

Signature: