

**Rowan University
Forward to Freedom
The Seeing Eye Puppy Program
Application**

Date _____

Name of contact puppy raiser _____

Home address of contact puppy raiser _____

Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Email address _____

Date of Birth _____

Parents or Guardian of contact puppy raiser _____

Address _____

Number of People in Household _____ Family Pets _____

I agree to host a Seeing Eye puppy in my home whenever the University is closed. I understand the responsibility of a Seeing Eye puppy raising family.

Signature of Parent(s) of Legal Guardian(s)

Names of secondary puppy raisers _____

I understand and agree to all rules and regulations regarding the Rowan University Seeing Eye Puppy Program.

Contact Puppy Raiser Signature

Contact Puppy Raiser Signature

Puppy Raiser Signature

Puppy Raiser Signature