

MY ANGEL WITH PAWS, INC.

**3098 Marsh Road
Deland, Florida 32724
(386) 490-4949**

RAISER/TRAINER APPLICATION

Personal Information		
Name	Home Phone	Cell Phone
Address		
City, State, Zip		
Email	SS#	
Emergency Contact		
Name	Home Phone	Cell Phone
Relationship		
Address		
City, State, Zip		
Employment		
DL#	Work Phone	
Employer	Occupation	
Address		
City, State, Zip		
TO BE COMPLETED BY MY ANGEL WITH PAWS		
<p>_____, hereinafter referred to as Caretaker, hereby acknowledge that My Angel With Paws, Inc, hereinafter referred to as MAWP , has entrusted to me to be Caretaker for the following dog:</p> <p>Dog name _____ Dog breed _____</p> <p>Dog DOB _____ Male _____ Female _____ ID # _____</p> <p>I understand that the Dog shall is the property of MAWP.</p> <p>Signature: _____ Date: _____</p>		