PUPPY PAL/SITTER QUESTIONNAIRE

Name: ___________________________ Date: ______________
Address: _________________________ Phone: ______________

Email address: ____________________________
I am interested in being a (please circle): •Puppy Pal •Puppy Sitter •Both

1. Do you have pets in your household? List type, age, sex.
   __________________________________________
   __________________________________________

2. Do you have any obedience training experience with dogs?
   _____ Yes    _____ No    If yes, briefly describe.
   __________________________________________
   __________________________________________

3. How much time do you have available monthly for being a Puppy Pal/Sitter?
   __________________________________________
   __________________________________________

4. What days and times would suit your schedule?
   __________________________________________
   __________________________________________
5. What are your reasons for wanting to be a UDS Service Dogs Puppy Pal/Sitter?

________________________________________________________________________

6. Please list 3 references and phone numbers:

Employer/Teacher
________________________________________________________________________

Family Veterinarian (If applicable)
________________________________________________________________________

1 or 2 Personal References
________________________________________________________________________

________________________________________________________________________

Thank you for your consideration of serving as a Puppy Pal/Sitter for UDS Service Dogs. Your time is appreciated as we all work towards the goal of providing well-trained dogs to people with physical disabilities.

United Disabilities Services
1901 Olde Homestead Lane
P.O. Box 10485
Lancaster, PA  17605