**PUPPY PAL/SITTER QUESTIONNAIRE**

Name: __________________________________________ Date: __________________________

Address: ______________________________________ Phone: _______________________

__________________________________________ Age: __________________________

E-mail: _______________________________________

*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 UDS Service Dog Puppy Pal/Sitter?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

6. Please list 3 references and phone numbers:

Employer/Teacher
_________________________________________________________________________

Family Veterinarian (if applicable)
_________________________________________________________________________

1 or 2 Personal References
_________________________________________________________________________
_________________________________________________________________________

Notice: The UDS Service Dogs Program is unable to have volunteers under the age of 18, this is not a UDS policy however it is an insurance directive. If a parent wishes to sign-up as the volunteer and bring their child(ren) with them to training classes you the parent are responsible for your child. We are sorry for any inconvenience this may cause. We do appreciate you wanting to be part of our program.