



## NEADS Puppy Program Weekend Puppy Sitter Application

**Date:**

**Name:**

**Email Address:**

**Mailing Address:**

**Home Telephone:**

**Mobile Phone:**

**Business Address:**

**Position:**

**Best time to contact you and how:**

**How many members in your household?**

\_\_\_ Adults

\_\_\_ Children Ages: \_\_\_\_\_

**Do you feel you can handle a young dog in training in addition to your everyday responsibilities?**

**Current Pets: All pet dogs must be Spayed/Neutered and up-to-date on all vaccinations.**

Dogs # \_\_\_\_\_ Breed(s): \_\_\_\_\_

Ages \_\_\_\_\_ Sexes \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_

Crate trained? \_\_\_\_\_

Alert barking at door or anything outside? \_\_\_\_\_

Ever bark at people entering your home? \_\_\_\_\_

Fight history: \_\_\_\_\_

Bite history: \_\_\_\_\_

Growl history: \_\_\_\_\_

Health issues: \_\_\_\_\_

Flea and tick prevention: \_\_\_\_\_

Cats # \_\_\_\_\_  
Ages \_\_\_\_\_ Sexes \_\_\_\_\_  
Flea and tick prevention: \_\_\_\_\_  
Previous experience with dogs: \_\_\_\_\_  
Other pets \_\_\_\_\_ (All other pets must be caged at all times)

**Do you understand that the NEADS dog in training will only be allowed monitored interaction with your pet dog, and are you willing to manage this carefully?**

**Current Veterinarian:**  
(Name and address, please.)

**How did you hear about NEADS?**

**Do you have any previous puppy raising or dog training experience? Yes No**  
*Please explain.*

**Do you have any physical limitations that might affect your ability to train a dog?**

**Please describe any other dog experiences you have had, particularly any positive or negative.**

**Why do you want to help us raise a NEADS puppy?**

**How often would the pup be left alone and for how long (if at all)?**  
*NEADS puppies cannot regularly be left alone for more than two hours at a time, and must be crated. \*\*\*NEADS Dogs must be supervised 100% of the time (or in crate)\*\*\**

**Do you own your own home? Yes No**

**Do you have a fenced-in yard? Yes No**

**Describe your home and yard and any potential safety issues for a dog:**

**Are you willing to provide progress reports and meet regularly at the NEADS training center in Princeton, MA with the Weekend Puppy Sitter coordinator?**

**Do you have a reliable computer, and do you readily use email?**

**How soon would you be able to commit, and how flexible is your schedule?**

**Can you commit to working with different puppies at least one weekend a month, from Friday through Sunday?**

**Any other information you would like to provide?**

**What are your hobbies/interests?**

PLEASE NOTE, THE RESPONSIBLE PARTY FOR THE PUP MUST BE AT LEAST 21 YEARS OF AGE, AND HANDLERS MUST BE AT LEAST 18 YEARS OF AGE.

*Thank you for your interest in our weekend puppy sitter program.  
You will be contacted for an interview.*

*Please return to:*

Josselyn Vinsh

c/o NEADS

P.O. Box 1100

Princeton, MA 01541-3100

Updated 2/15 by JV