



NEADS Puppy Program Weekend Puppy Sitter Application

Note: It is important to be honest with your answers for the safety of all parties involved.

Date:

Name:

DOB:

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? _____

How did you obtain your dog(s)? _____

Ever bark at people entering your home? _____

Fight history: _____

Bite history: _____

Growl history: _____

Health issues: _____

Flea and tick prevention: (required to be a WPS) _____

NOTE: You must be willing to provide video footage of your dog meeting a new puppy prior to becoming a WPS.

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 handling 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)****

NOTE: A WPS must be willing and able to spend a quiet weekend at home as NEADS puppies are not allowed to go into public with a WPS.

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 communicate regularly 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 afternoon (between 2pm-6pm) through Sunday (between 5pm – 7pm)?

Any other information you would like to provide?

What are your hobbies/interests?

IMPORTANT: You will need to provide video footage of your household in order to be accepted as a Weekend Puppy Sitter. This is for the safety of the puppies, ensuring that we are sending them home to a safe, puppy friendly environment. Thank you.

PLEASE NOTE, THE RESPONSIBLE PARTY FOR THE PUP MUST BE AT LEAST 25 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:

Kelly Leger
c/o NEADS
P.O. Box 1100
Princeton, MA 01541-3100

Or via email: kleger@neads.org

Updated 5/15/17 by AC