



**Service  
Dogs**  
*your way of living*

### 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.

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2. Do you have any obedience training experience with dogs?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, briefly describe.

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

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4. What days and times would suit your schedule?

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5. What are your reasons for wanting to be a UDS Service Dogs Puppy Pal/Sitter?

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6. Please list 3 references and phone numbers:

Employer/Teacher

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Family Veterinarian (If applicable)

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1 or 2 Personal References

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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