

**Saint Francis of Assisi
Service Dog Foundation**

Puppy Sitter Application
Please print or type

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-Mail: _____

Age (if under 18): _____

1. How did you hear about Saint Francis of Assisi Service Dog Foundation?

2. What is the primary reason(s) for wanting to become a Puppy Sitter?

3. Do you know any other people/friends personally who are involved with Saint Francis of Assisi Service Dog Foundation?

4. Please list all other household family members, if children please list their ages.

5. Please list all other animals and their breeds and ages that live in your home.

6. Are all the above animals spayed/neutered and current on all vaccinations?
() yes () no. If “no” please explain.

7. Are you employed outside of the home? () yes () no. Is your spouse? () yes
() no. If “yes”, please give us a typical workweek schedule, including the
number of hours away from home.

8. Which days of a typical week would Puppy Sitting be most convenient for you?

9. Who will be the primary Puppy Sitter?

10. Are you willing to attend a workshop that will help you understand your duties as
a Puppy Sitter?

11. Do you have an enclosed yard? () yes () no

12. Have your personal pets been exposed to other non-family animals? () yes () no. What is their response to other dogs?

13. Are you willing to puppy sit for an extended amount of time (a month or more)?

14. Are you familiar with crate training? () yes () no

15. Are there any known allergies in the family? () yes () no

16. Are you willing to do a written visitation report for each puppy you take care of? () yes () no

17. Will the puppy be allowed to sleep inside? () yes () no

18. Please describe your home and exercise area for the puppy.

19. Would you agree to a home interview? _____

20. What are your main concerns about becoming a Puppy Sitter?

21. Please list the names, addresses, and phone number of three references:

22. Please list the name and address of your veterinarian

Dr. _____ Clinic: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

To the best of my knowledge, the above information is true and accurate. If I am selected as a Puppy Sitter, I agree to adhere to all requirements of Saint Francis of Assisi Service Dog Foundation and to be responsible for the care, feeding and training of my canine placement during the period that the puppy is in my home. I will return a written report on how the puppy behaved while in my care. I agree to return the puppy to Saint Francis of Assisi Service Dog Foundation upon request and /or the agreed upon time.

Applicant's Signature: _____

Please send completed application to:

Saint Francis of Assisi
PO Box 19538
Roanoke VA 24019
540-342-DOGS

Please feel free to contact the Foundation for further information or questions.

Saint Francis use:
Date received: _____
Date of phone follow up: _____
Date of home visit: _____