

# PUPPY PLACEMENT QUESTIONNAIRE

All individuals wishing to raise a puppy must complete this questionnaire  
All persons listed must include a "Puppy Raising Volunteer Application Packet" or have one previously on file

## Community Field Reps, please complete:

Date available for puppy placement: \_\_\_\_\_ Transfer

Community Field Rep name: \_\_\_\_\_ Signature approving puppy: \_\_\_\_\_

Puppy name: \_\_\_\_\_ Tattoo: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Whelp date: \_\_\_\_\_ Sire/dam: \_\_\_\_\_

Date delivered: \_\_\_\_\_ How delivered: \_\_\_\_\_

Co-raiser outside the home: Yes  No  Name: \_\_\_\_\_

## Leader, please answer the following questions:

Is this home approved for boarding a female in season? Yes  No  If no, indicate where the female will be boarded while in season: Another approved home  Commercial kennel at raisers' expense  Guide Dogs for the Blind kennel

***Please complete the following questionnaire to assist us in puppy placement. Thank you!***

*Note: We cannot guarantee the placement of puppies by breed and sex preferences.*

Date: \_\_\_\_\_

Name(s) of all family members raising puppy: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell phone: \_\_\_\_\_ for (name): \_\_\_\_\_

Work phone: \_\_\_\_\_ for (name): \_\_\_\_\_

Club: \_\_\_\_\_ Leader: \_\_\_\_\_

If there is a co-raiser(s) outside the home, please provide their name(s) below. Co-raiser(s) outside the home must fill out a separate questionnaire.

Name(s): \_\_\_\_\_

**PUPPY PLACEMENT QUESTIONNAIRE (cont)**

An unsprayed female puppy will come into season during the puppy raising period. Are you able to provide housing for a puppy in season? No  in an approved home  commercial kennel at your expense  Guide Dogs for the Blind kennel

Primary raiser: Name: \_\_\_\_\_ Are you an adult (18 or older)? Yes  No

Youth (under 18)? Yes  No  Birth date: \_\_\_\_\_ Male  Female

If youth, name(s) of parent/guardian in home: \_\_\_\_\_

Spouse/partner name, if any: \_\_\_\_\_

Spouse/partner contact number: \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

What are the ages of the people in your home? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Number of animals currently in your home: \_\_\_\_\_

Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Type of animal (dog, cat, etc): _____	Altered <input type="checkbox"/>	Intact <input type="checkbox"/>	Age: _____	lives in home <input type="checkbox"/>	lives outside <input type="checkbox"/>
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Type of animal (dog, cat, etc): _____	Altered <input type="checkbox"/>	Intact <input type="checkbox"/>	Age: _____	lives in home <input type="checkbox"/>	lives outside <input type="checkbox"/>
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Type of animal (dog, cat, etc): _____	Altered <input type="checkbox"/>	Intact <input type="checkbox"/>	Age: _____	lives in home <input type="checkbox"/>	lives outside <input type="checkbox"/>
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Type of animal (dog, cat, etc): _____	Altered <input type="checkbox"/>	Intact <input type="checkbox"/>	Age: _____	lives in home <input type="checkbox"/>	lives outside <input type="checkbox"/>

Did you find out about the Guide Dogs puppy raising program from:

- |                                    |                          |                                |                          |
|------------------------------------|--------------------------|--------------------------------|--------------------------|
| A Guide Dog raiser                 | <input type="checkbox"/> | A 4-H County Extension Office  | <input type="checkbox"/> |
| A blind person who has a Guide Dog | <input type="checkbox"/> | A Guide Dogs event or facility | <input type="checkbox"/> |
| A friend                           | <input type="checkbox"/> | The Internet                   | <input type="checkbox"/> |
| A relative or neighbor             | <input type="checkbox"/> | Public event                   | <input type="checkbox"/> |
| A newspaper article about GDB      | <input type="checkbox"/> | Other: _____                   |                          |
| Radio or television                | <input type="checkbox"/> |                                |                          |

Have you ever raised a Guide Dog puppy before? Yes  No

May a Guide Dogs for the Blind representative visit your home? Yes  No

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years, signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

<i>Please provide your veterinary information below</i>			
Name of clinic: _____		Name of veterinarian: _____	
Address: _____		City: _____	
State: _____	Zip: _____	Office phone: (_____) _____	