



SOUTH AFRICAN GUIDE-DOGS
association for the blind

APPLICATION FOR PUPPY RAISER PROGRAMME

Name _____ Surname _____

Partner's name _____

Children (age & names) _____

Street address _____

Postal address _____

Telephone h) _____ w) _____

Cell _____ e-mail _____

- Do you work _____ ½ day _____ Full _____
- Who is at home during the day? _____
- Will the puppy have access to the house during the day? _____
- Will the puppy sleep inside at night? _____
- Do you have other pets? _____
- Details of other pets? _____
- Is your property fully enclosed? _____
- Will puppy have free access to the driveway and gates? _____
- Do you have a pool? _____ Is it fenced? _____
- Will puppy be allowed to travel in your car? _____
- Are you aware of and prepared to cope with puppy behaviour such as digging and chewing?
- Are you able to attend training / socializing sessions during office hours during the week? _____