



Puppy Development Program Application Form

Return this form to: Guide Dog Mobility Instructor
Guide Dogs Tasmania
PO Box 82 North Hobart TAS 7002

Date: _____

Name: _____

Residential Address: _____

_____ P/Code _____

Postal Address (if different to above): _____

_____ P/Code _____

Telephone: (HOME) _____ (WORK) _____ (MOBILE) _____

Email: _____

1. How did you hear about the Guide Dogs Tasmania Puppy Development Program?

2. Why do you wish to care for a Guide Dog puppy? _____

3. Do you work away from home? YES / NO Number of hours (on average) daily: _____

4. Number of household members? _____ Names and ages? _____

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5. Have you ever owned a dog before? YES / NO When/ For how long? _____

6. Do you currently own a dog? YES / NO

Breed: _____ Age: _____ Sex: _____ Neutered: _____

7. Do you have any other pets? YES / NO List: _____

8. Is everyone in your home keen to care for a Guide Dog Puppy? YES / NO

If 'no', explain who and why: _____

9. Do you have a car in which the Puppy can travel?

YES / NO

10. Is your property adequately fenced (dog proof)?

YES / NO

11. Are you prepared to walk the puppy daily, and socialise it with people, dogs, in shops etc.?

YES / NO

12. Are you aware of, and prepared to cope with puppy behaviour (incl digging, chewing, etc.)?

YES / NO

13. Are you aware the puppy must sleep indoors and be house trained?

YES / NO

14. Are you prepared to cover some of the small costs of raising a puppy (e.g toys, bones)?

YES / NO

164 Elizabeth Steet Hobart 7000 /
PO Box 82 North Hobart TAS 7002
Phone (03) 6232 1222 / 1800 484 333



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15. Do you have a puppy preference? (Please circle)

Labrador Labrador x Retriever Male Female No preference

16. If your preference is unavailable, would you be willing to take the next available puppy?

YES / NO

17. If a baby puppy is unsuitable for you, would you be prepared to accept an older pup / dog for shorter periods?

YES / NO

18. Please provide the names and contact details of three character referees. Only one of these can be a relative.

Referee 1: _____ Relationship: _____ Phone: _____

Referee 2: _____ Relationship: _____ Phone: _____

Referee 3: _____ Relationship: _____ Phone: _____

(NOTE: Successful applications will be subject to a National Police Check prior to any puppy raising/boarding activities.)

Any other comments? _____

OFFICE USE ONLY.

Puppy Development Applicant Interview: DATE: _____ TIME: _____

Puppy Development Supervisor's Recommendation:

Comments:

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