



Puppy Sitters Canine Companions for Independence Valley of the Sun Chapter

Puppy sitting provides the opportunity to experience the joy of a CCI (Canine Companions for Independence) puppy. Puppy sitting volunteers sit pups that are 8 weeks to 1½ years. These volunteers provide safe home environments and nurturing hands-on care. Puppy sitting provides temporary care to assist the full-time volunteer puppy raiser group. Puppy sitting allows direct participation with puppies when the sitter volunteer has time. If you are interested in becoming a puppy sitter for Canine Companions for Independence, Valley of the Sun Chapter, please contact a Puppy Raising Chair by visiting http://www.cciarizona.org/about_us.htm

Requirements to be a CCI Puppy Sitter:

- ✓ Complete a Puppy Sitter Application
- ✓ Attend three puppy training classes
- ✓ Agree to a home site visit and puppy orientation



Canine Companions for Independence, Valley of the Sun Chapter

Puppy Sitter Application



Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Applicant Age: _____ Occupation: _____

How did you hear about CCI puppy sitting? _____

What are your primary reasons for wanting to puppy sit a CCI puppy? _____

Have you previously applied to raise a CCI puppy? Y N If yes, when? _____

Have you previously puppy sat a CCI puppy? Y N If so, when? _____

Are you able to take a CCI puppy to work with you? Y N If no, what are your plans for the puppy while you are at work? _____

Are you willing to take the puppy to CCI training classes while you are sitting? Y N

Have you raised any non-CCI puppies? Y N If yes, how many, which breeds, for another service animal group, etc.? _____

What are the breeds, ages, and sexes of any dogs currently living with you? _____

Have all dogs currently living with you been spayed or neutered? Y N

Can you provide proof of vaccination for any dogs living with you? Y N

Have you received any formal obedience training with your current dog(s)? Y N

Please list any other pets living in your home: _____

Do you have an enclosed yard? Y N Fence type:_____ Height:_____

If no, do you have an outdoor kennel or run? Y N If yes, please describe:_____

Are there children living in your home? Y N If yes, ages._____

Are you or another member of your household home during the day? Y N If yes, who is home and for how many hours?_____

Do you rent or own?_____

If your application is accepted, how soon will you be available?_____

To the best of my knowledge, the above information is true and accurate. If selected as a CCI sitter, I agree to adhere to all requirements of Canine Companions for Independence and to be responsible for the care, feeding, and socialization of the CCI puppy during the period that the puppy is in my home. I will attend the regularly scheduled puppy classes held by the chapter's contract trainer. I will follow all veterinary care schedules as requested by the raiser or veterinary staff. I agree to be available and to return the puppy to the puppy raiser, CCI or its assigned agent upon request.

Applicant's Signature: _____ Date: _____

Parent's Signature if under 18 years of age _____

Present completed application to a Chapter Puppy Raising Chair.



**Canine Companions for Independence,
Valley of the Sun Chapter**

Puppy Sitter

Orientation and Training Class

Attendance Sheet

Name: _____

Address: _____

City/Zip Code: _____

Telephone: _____

Email Address: _____

Training Class: **Date:** _____ **Sign off by:** _____

Training Class: **Date:** _____ **Sign off by:** _____

Training Class: **Date:** _____ **Sign off by:** _____

Orientation: **Date:** _____ **Sign off by:** _____

**Please complete these requirements and return this form to a Chapter
Puppy Raising Chair.**

Thank You.