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## PUPPY CUDDLER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION (S): \_\_\_\_\_

HAVE YOU HAD ANY EXPERIENCE WITH DOGS OR TRAINING:  Yes  No

DETAILS: \_\_\_\_\_

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ARE THERE ANY PETS IN YOUR HOME:  Yes  No

DETAILS: \_\_\_\_\_

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WHEN ARE YOU AVAILABLE TO CUDDLE A PUPPY (DAYS OF THE WEEK/HOURS AVAILABLE): \_\_\_\_\_

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HOW LONG ARE YOU ABLE TO COMMIT TO PUPPY CUDDLING FOR? \_\_\_\_\_

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WHY IS IT YOU WOULD LIKE TO TAKE PART IN OUR PUPPY CUDDLING PROGRAM: \_\_\_\_\_

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**PERSONAL REFERENCES:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

(FOR OFFICE USE ONLY)

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

(FOR OFFICE USE ONLY)

**COMMENTS:** \_\_\_\_\_

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