



MY BUDDY
@ The CENTER



PARTNERING PEOPLE WITH PETS...AND PEOPLE

APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell _____

Gender _____ Age _____ Relationship Status _____ Orientation _____

What motivated you to apply for this program? _____

Have you had pets in the past? _____ If so, what kind? _____

How many years ago did you own this pet? _____

What (if any) were the challenges you experienced? _____

Do you have any physical challenges that would impact dog ownership?

Are you able to exercise/walk a dog? _____

Own or Rent? _____ If rent, does landlord allow pets? _____

Any restrictions regarding size, weight, breed or number of dogs? _____

Do you have a yard or patio? _____

Do you have a support system? _____

Do you have transportation? _____

Do you have other pets?

Do you feel a pet would enhance your quality of life? _____ Explain _____

Do you feel ready for the changes a dog would bring to your life? _____

Have you attended any dog training classes in the past? _____ If so, please list the types of classes
