



VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address: _____

Why are you interested in volunteering? _____

Pet Information:

Name of Pet: _____

Breed: _____ Male/Female: _____

Age: _____ Is your pet spayed? Y _____ N _____

Have you had your pet in any formal training classes? Y _____ N _____

Describe to level of training? _____

Is your pet covered under your homeowners' insurance? Y _____ N _____

(Pets are typically covered under your liability insurance. Please double check with your insurance agent.)

Name of Insurance Company: _____

Name of Veterinarian: _____

Telephone: _____