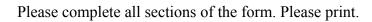
Pets with Purpose Volunteer Application





SECTION I

First Name:		Last Name:	
Address:			
			_
City:			
Home Phone:	Work Phone:	Email:	
Trome I none.	work I none.	Eman.	
Occupation:			
What experiences have yo	u had living or working with a	nimals?	
Why would you like to par	rticipate in the Pets with Purpo	ose Program?	

Volunteer Experience:				
Check the areas in which you would like to wo	ork as Pets with Purpose Vo	lunteer:		
PPP Team	Fund-raising			
Recruiting and scheduling visits	cruiting and scheduling visits Special Events			
Marketing Other				
SECTION II				
Dog's Name:	Breed:			
Birth Date: Age:	Wt:	Sex:		
Neutered Spayed	Veterinarian:			
Date of last inoculations for Rabies:	DHLPP:			
Where did you get your dog?				
How old was the dog when you got him/her?				
Tiow old was the dog when you got him/her?				
Did you attend a formal obedience class togeth If yes, did your dog graduate? Does your dog respond well to basic obedience	Y	esNo esNo es No		

SECTION II (cont'd)

Is you dog housebroken?	YesNo
Has your dog received special awards? If so, please	describe.
Please describe the socialization history of you dog situations outside the home, crowds, and other anim	, including his/her experience with children and adults, hals and also include response to new experiences.
Does your dog bite or act aggressively toward peop Please explain:	le or other animals? YesNo
Describe the positive and negative traits of you dog	•

SECTION II (cont'd)
What are your dog's special skills, talents, and interests?
Why do you think your dog would be a good therapy dog?
Please describe any physical or medical restrictions for your pet. We need to be aware of any conditions such as epilepsy, arthritis, or medications your dog receives.

SECTION III

Estimate the time you wish to devote. How many hours a week?		
Time of day:		
Days of the week:		
Provide local references that may be contacted:		
Name:	Relationship:	
Day Phone:	Evening Phone:	
Name:	Relationship:	
Day Phone:	Evening Phone:	
relationship between the dogs and their owners.	Purpose program requires a loving, well-disciplined. Participation requires training and proficiency in dog accepted to the program, I will adhere to the requirements Program.	
Volunteer's Signature	Date:	

Please return you completed application to Providence Holy Cross Medical Center Moonyeen Brubaker, Pets with Purpose Program Coordinator 15031 Rinaldi Street, Mission Hills, California 91345-1285