



## Pets with Purpose Volunteer Application

Please complete all sections of the form. Please print.

### SECTION I

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First Name:

Last Name:

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Address:

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City:

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Home Phone:

Work Phone:

Email:

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Occupation:

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What experiences have you had living or working with animals?

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Why would you like to participate in the Pets with Purpose Program?

Volunteer Experience:

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Check the areas in which you would like to work as Pets with Purpose Volunteer:

PPP Team  Fund-raising  
 Recruiting and scheduling visits  Special Events  
 Marketing \_\_\_\_\_  Other \_\_\_\_\_

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**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?  
\_\_\_\_\_  
\_\_\_\_\_

Did you attend a formal obedience class together?  Yes  No  
If yes, did your dog graduate?  Yes  No  
Does your dog respond well to basic obedience commands?  Yes  No

**SECTION II (cont'd)**

Is your dog housebroken?

Yes  No

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Has your dog received special awards? If so, please describe.

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Please describe the socialization history of your dog, including his/her experience with children and adults, situations outside the home, crowds, and other animals and also include response to new experiences.

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Does your dog bite or act aggressively toward people or other animals?  Yes  No

Please explain:

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Describe the positive and negative traits of your dog.

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**SECTION II (cont'd)**

What are your dog's special skills, talents, and interests?

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Why do you think your dog would be a good therapy dog?

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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.

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**SECTION III**

Estimate the time you wish to devote. How many hours a week?

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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:

I understand the special nature of the Pets with Purpose program requires a loving, well-disciplined relationship between the dogs and their owners. Participation requires training and proficiency in dog handling and appropriate patient interaction. If accepted to the program, I will adhere to the requirements in standards specified by the pets with Purpose 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