



Pets with Purpose Volunteer Application

Please complete all sections of the form. Please print.

SECTION I

First Name:

Last Name:

Address:

City:

Home Phone:

Work Phone:

Email:

Occupation:

What experiences have you had living or working with animals?

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

Volunteer Experience:

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 _____

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

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

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.

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

Please explain:

Describe the positive and negative traits of your 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:

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