

Canine Temporary Care Volunteer Application

General Information:		
Name:		
Address:		
City, State Zip Code		
Home Phone:		
Cell Phone:		
Work Phone:		
Email Address:		
Background Information:		
	Yes	No
Are you over 21?		
Do you rent your residence? Apt., Condo, Townhouse or House (please circle)		
Do you own your residence? Apt., Condo, Townhouse or House (please circle)		
Do all members of the family want to do Temp Care?		
Do you have children under the age of 6 years? Ages of children?		
Do you have a special room or area to keep the Temp Care dog in?		
Would you be available on an emergency basis?		
How many hours per day would the Temp Care dog be left alone?	# of hrs ____	
Pet Information:		
How many and what kind of pets do you have now?		
Please list the names of your current pets.		
If you have no pets now, have you had pets before?		
If yes, where are they now?		
Are all of your pets spayed or neutered?		
Are your pets' vaccinations/heartworm prev. current?		
Are your pets in reasonably good health?		
Name of your veterinarian & phone #. <i>Veterinary history will be verified as part of the approval process</i>		
What are the pet's arrangements when you are not at home?		
Does anyone in your home have any allergies to pets?		
If yes, how will you cope with them?		
Do you have a fenced in yard? If yes, how high?		

Canine Temporary Care Volunteer Application

Type of dog you would be interested in having:			
	Yes	No	
Pregnant or nursing mothers?	<input type="checkbox"/>	<input type="checkbox"/>	
Bottle-feeding orphans?	<input type="checkbox"/>	<input type="checkbox"/>	
Older orphans?	<input type="checkbox"/>	<input type="checkbox"/>	
Sick or injured dogs or puppies?	<input type="checkbox"/>	<input type="checkbox"/>	
Adults?	<input type="checkbox"/>	<input type="checkbox"/>	
Shy or frightened or aggressive dogs?	<input type="checkbox"/>	<input type="checkbox"/>	
Shy or frightened or aggressive puppies?	<input type="checkbox"/>	<input type="checkbox"/>	
Dogs or puppies with behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Experience:			
	Yes	No	Willing to learn
Can you give oral medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer topical medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you bottle-feed orphans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you give a flea bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you take an animal's temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you give vaccinations? (shots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you work with shy or frightened animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe the time commitment that you would be able to make: Short (Days or Weeks) Long (Months or Longer)			
Please describe any experience you have working with or taking care of animals:			

Canine Temporary Care Volunteer Application

Waiver

In consideration of my participation in the activities of the West Suburban Humane Society, I do hereby agree to hold free from any and all liability the West Suburban Humane Society and its respective officers, employees and members and do hereby for myself, my family, members of my household, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in any of the activities or duties of the West Suburban Humane Society.

I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the West Suburban Humane Society.

I understand that the dogs/puppies in my temporary care are the property of the West Suburban Humane Society. Any activity concerning these dogs/puppies must be cleared through the Executive Director (630-960-9600 ext. 25), Director of Animal Welfare or the Canine Temporary Care Manager. The only exception is a critical situation that requires emergency care, which should be pursued with either All Creatures Great and Small or Arboretum View Animal Hospital. West Suburban Humane Society must be informed within 24 hours if emergency care was required. West Suburban Humane Society animal names must be used for any vet care for billing clarification.

I acknowledge that I have read, understand and will adhere to all the terms, conditions, policies and procedures of the West Suburban Humane Society Temporary Care Program. I do understand that at anytime, I cannot fulfill these terms, conditions, policies and procedures of the West Suburban Humane Society Temporary Care Program I will by mutual agreement end my tenure as a Temporary Care Home Volunteer.

Signature: _____ Date: _____