



***OUR MISSION: To provide companionship and comfort by sharing our pets with residents of nursing homes, care facilities, schools and libraries***

## STEPS TO BECOMING A PETS ON WHEELS VOLUNTEER

1. Please return the completed **Volunteer Application** form and **Animal Health Certificate** signed by your veterinarian to your county coordinator in the enclosed self-addressed envelope. Be sure the rabies vaccination is current and that a fecal test has been done within the past year.
2. Upon receipt of your forms, your county coordinator will call you to arrange a mutually convenient time and place to TEMPERAMENT TEST your pet.
3. After successfully completing the above test- and often the same day- your county coordinator will accompany you and your pet to visit and train you at the chosen facility. On this visit you will be acquainted with the visiting process, how to handle your pet in a facility, how to meet residents who want pet visits and required paperwork. Additional visits accompanied by your county coordinator can be arranged if you are not ready to start alone.
4. Following the approval process outlined above, you will receive a temporary Pets on Wheels badge. After completing a three month "orientation period", with a minimum of one visit per month to your facility, you will become an "Active" volunteer pet team. Your pet will then receive the **coveted** Pets on Wheels scarf to wear when visiting.

Once you become a volunteer pet team, it is important to visit regularly. It is also important to keep a record of your visits in our notebooks provided at the facilities. If you are unable to sign in at your facility, please keep a record of your dates and hours at home and transfer the information to the book on your next visit.

Please inform your county coordinator if you are not able to visit on a regular basis.

***DO NOT HESITATE TO CALL YOUR COUNTY COORDINATOR WITH ANY QUESTIONS OR CONCERNS.***



P.O. Box 3413\* Easton, Maryland 21601

## VOLUNTEER APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ RETIRED? \_\_\_\_\_ STUDENT? \_\_\_\_\_

PRESENTLY EMPLOYED AT \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

TIMES AVAILABLE \_\_\_\_\_

DO YOU KNOW WHICH FACILITY YOU WOULD LIKE TO VISIT? \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE, IF ANY \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

## ABOUT YOUR PET

NAME \_\_\_\_\_ BREED \_\_\_\_\_ AGE \_\_\_\_\_

WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_ NEUTERED? \_\_\_\_\_

NAME OF VETERINARIAN \_\_\_\_\_ VET'S PHONE \_\_\_\_\_

PLEASE GIVE HISTORY OF TRAINING, IF ANY, AND INFORMATION ABOUT SOCIABILITY AND SPECIAL ABILITIES OR CHARACTERISTICS. HAS YOUR DOG EVER BITTEN OR ATTACKED ANYONE? (use back if necessary)

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\*Please feel free to enclose a picture of your pet\*



P.O. Box 3413, Easton, Maryland 21601

## ANIMAL HEALTH CERTIFICATION

OWNER'S NAME	TELEPHONE
ADDRESS	CITY, STATE                      ZIP
ANIMAL'S NAME	
PREDOMINANT BREED	COLORS

Species:  DOG _____ CAT _____ OTHER _____	Sex _____  Neutered: Yes _____ No _____	AGE _____  Size _____ lbs.	FOR FELINES  Declawed: NO _____ Front _____  All four paws? _____
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<p>1. At the time this animal was examined by me on _____ It appeared to be free of contagious skin disease and parasites.</p> <p>2. The result of the fecal test was _____. If positive, it was treated with _____.</p>
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## VACCINATIONS

CANINE Expiration date	FELINE Expiration date	AVIAN
Distemper/Hepatitis _____	Pneumonitis _____	Antibiotic treatment
Leptospirosis _____	Calicivirus _____	Date Concluded:
Parainfluenza _____	Panleukopenia _____	_____
Parvovirus _____	Rhinotracheitis _____	
Adenovirus _____	Chlamydiapsittica _____	
Rabies _____	Rabies _____	

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**Veterinarian's Signature**                      Date                      State & License Number                      Telephone