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.**
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)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*Please feel free to enclose a picture of your pet*
ANIMAL HEALTH CERTIFICATION

<table>
<thead>
<tr>
<th>OWNER’S NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>CITY,STATE</td>
</tr>
</tbody>
</table>

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?_____

1. At the time this animal was examined by me on_____________________
It appeared to be free of contagious skin disease and parasites.
2. The result of the fecal test was _______________. If positive, it was treated with

VACCINATIONS

<table>
<thead>
<tr>
<th>CANINE</th>
<th>FELINE</th>
<th>AVIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration date</td>
<td>Expiration date</td>
<td>Antibiotic treatment</td>
</tr>
<tr>
<td>Distemper/Hepatitis______</td>
<td>Pneumonitis_________</td>
<td>Date Concluded:</td>
</tr>
<tr>
<td>Leptospirosis_________</td>
<td>Calicivirus__________</td>
<td>______________________</td>
</tr>
<tr>
<td>Parainfluenza_________</td>
<td>Panleukopenia_________</td>
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</tr>
<tr>
<td>Parvovirus__________</td>
<td>Rhinotracheitis______</td>
<td></td>
</tr>
<tr>
<td>Adenovirus__________</td>
<td>Chlamydiapsittica____</td>
<td></td>
</tr>
<tr>
<td>Rabies_______________</td>
<td>Rabies_______________</td>
<td></td>
</tr>
</tbody>
</table>

Veterinarian’s Signature

Date
State & License Number
Telephone