



VOLUNTEER & THERAPY PET APPLICATION

Date of Application: _____

VOLUNTEER INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

In addition to newsletters we use email to contact volunteers with information on events, policy updates and volunteer opportunities. If you do not want us to contact you by email please do not include your email address.

How did you hear about PAWS of CNY? _____

Why are you interested in volunteering with PAWS of CNY? _____

PET INFORMATION

Pet Name: _____ Breed: _____ Sex: _____

Pet's Birthday: _____ When did you acquire your pet? _____

(Pets must be at least one year of age and must have lived with you for 6 months prior to evaluation)

INSTRUCTIONS

- Complete one application for each pet that you would like to have evaluated. Everyone attending a pet visit through PAWS of CNY must attend orientation, regardless of whether or not they are going to be handling the therapy pet.
- Please include a copy of your pet's current Rabies Vaccination Certificate and the attached Annual Health Screening Form along with this application. Your pet will not be evaluated until we have received these records.
- Upon passing the evaluation, a \$40 one-time per pet certification fee will be due at the volunteer orientation
- If your dog has the AKC's Canine Good Citizen certification, please attach a copy of the certificate
- Please mail all documents to: PAWS of CNY, Inc, PO Box 6936, Syracuse, NY 13217

PLEASE NOTE: The PAWS of CNY Certification provides accreditation for handlers and their dogs to attend PAWS of CNY sanctioned AAA and AAT pet therapy visits only. PAWS of CNY does not certify emotional support dogs, guide dogs, and other service dogs.

Annual Health Screening Form

Thank you for taking the time to perform an examination of this pet for participation in PAWS of CNY, Inc. (PAWS) Therapy Pet Programs. Our volunteers and their pets visit people in hospitals, nursing homes, schools, and other institutions, and bring smiles to more than 800 people each month.

PAWS of CNY, Inc requires every therapy pet to have an annual examination by a veterinarian in addition to a yearly fecal test, current Rabies Vaccination and the use of parasite control. We are asking you to assess the overall health of the animal, and any notable reactions to the process of physical handling. We appreciate your cooperation in completing this form. You may use your own form/statement of health if you prefer. The pet's owner will then be responsible for submitting the form to PAWS.

For more information about our programs, please visit pawsofcny.org or call (315) 457-7622.

Pet's Name: _____

Owner's Name: _____

Veterinarian's Name: _____

Date of Examination: _____

Please rate the overall health of the animal:

- Excellent (no serious chronic diseases or disorders)
- Very Good (minor complaints associated with normal aging)
- Good (chronic conditions with occasional flare-ups)
- Poor (serious chronic conditions requiring ongoing treatment)

Date of Last Fecal Test: _____

Fecal Test Results: _____

Comments:

Signature of Veterinarian: _____

Date: _____

Address: _____

Phone: (____) _____