

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 Pet Connections? \_\_\_\_\_

Why are you interested in volunteering with Pet Connections? \_\_\_\_\_

\_\_\_\_\_

**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 Pet Connections 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: Pet Connections; 3071 County Complex Drive; Canandaigua, NY 14424

**PLEASE NOTE:** Pet Connections Certification provides accreditation for handlers and their dogs to attend Pet Connections sanctioned AAA, AAT and AAI pet therapy visits only. Pet Connections does not certify emotional support dogs, guide dogs, and other service dogs.



**Pet Connections Authorization to Release Veterinary Records**

Please fax the records requested below as soon as possible to the return to Pet Connections Staff noted.

Attention: Gail Furst or Brenda Burton Fax Number: 585-394-1987

<b>DOG/HANDLER INFORMATION</b>	
First Name:	Last Name:
Phone Extension:	Office Location:

**DOG-**

**INFORMATION:** \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

**Please include copies of:**

- |                                                   |                                             |                                                  |                                          |
|---------------------------------------------------|---------------------------------------------|--------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Vaccination Records      | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Exam Reports            | <input type="checkbox"/> Surgery Reports |
| <input type="checkbox"/> Pathology/Biopsy Reports |                                             | <input type="checkbox"/> Radiology/X-Ray Reports |                                          |
| <input type="checkbox"/> Entire Medical Record    |                                             | _____                                            |                                          |

Date Range

I hereby swear that I am the owner of the above mentioned dog. I also request and authorize this veterinarian to release all requested medical information for my dog to Pet Connections. I release the veterinarian and their staff of any and all legal responsibility for the release of the requested medical information. Authorization expires 90 days from the date of the signature.

\_\_\_\_\_  
 Handler Signature Date



**Pet Connections Veterinary Health Screening**

Handler/Dog Name: \_\_\_\_\_

Contact Information:

Address: \_\_\_\_\_

Phone Numbers: Home # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

How long have you owned the dog? \_\_\_\_\_

For Veterinarian Use only:

Dog's weight: \_\_\_\_\_ Is this weight appropriate for the breed? YES NO

Date of Last Check Up: \_\_\_\_\_

Date of Rabies Vaccination: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Vaccinations (if applicable):

Vaccination:	Date Given:
Distemper Shot	
Hepatitis Shot	
Parvovirus Shot	

Titers (if applicable):

Titers for:	Date:	Result (+/-)	Follow Up Actions
Distemper			
Hepatitis			
Parvovirus			

Date of Fecal Exam: \_\_\_\_\_

Results: POSITIVE NEGATIVE

Date of Heartworm: \_\_\_\_\_

Results: POSITIVE NEGATIVE

Flea/Tick Control: YES NO

If yes is it: TOPICAL INTERNAL

Is the dog: SPAYED NEUTERED

As the primary treating veterinarian I find this dog to be of sound health and temperament.

Signature of Veterinarian: \_\_\_\_\_

Date