Pet Care Network

volunteer Application Form.			
Before completing this form	n please read the enclosed volunteer information she	et.	

	Date	
1. Name		
2. Address		
Post Code		
3. Telephone Number (Home)(Work)		
4. What type of help can you offer?		
Dog walking. (In your local area)DDelivering pet food etc.DAssist with pet care. (in the owners home)D	Fostering pets in your own home. Transportation of pets. (car owners) Fundraising.	
5. Please indicate pet preference Dog Cat Othe	r	
6. Do you have previous experience of caring for the above animal?	$_{\rm YES}$ \square NO \square	
7. If caring for an animal in your own home are there any restrictions on the type of pet you prefer?(e.g. size of dog, type of accommodation etc.)		
8. Do you currently have a pet(s)? YES \square NO \square If YES give de	tails	
 Do your pets have free access to the outside.(i.e. a cat flap or open window) Are your pets male, female or neutered? Please give details 		
11. Can someone attend to the animals needs during the day?YES		
12. Do you own or have access to a car?	YES NO	
13. Do you have children? YES NO If YES please state their ages		
14. Would you be willing to help out at short notice in an emergency? YES		
15. How did you hear about Pet Care Network?		
Before signing below please read the enclosed leaflet which sets out the responsibilities, a		
	inis and objectives of Per Care Network	
I agree to abide by the aims and objectives of Pet Care Network.		
SIGNED		
pleted application forms should be sent to: Pet Care Network , PO Box 28417 - Edinburgh - EH4 7YG All help given to Pet Care Network is done so voluntarily and at your own risk Although you've conditionally volunteered for the above activities we understand should your circumstances change you may not be able to help at a particular time.		