



Canine Link Application for Volunteer and Dog.

Volunteer Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Mobile:

E-mail

EMERGENCY CONTACT:

Relationship:

E-mail

Home Phone:

Mobile:

DOG'S NAME:

Breed:

Gender:

Male

Female

Dog Date of Birth:

Is your dog spayed/neutered?

Yes

No

Where did you get your dog?

shelter

breeder

pet store

Other

Please specify;

How long have you had your dog?

Can your dog "sit" with verbal or hand signal?

Yes

No

Can your dog "down" with a verbal or hand signal? Yes No

Do you use training equipment to walk your dog? Such as a choke chain, prong collar, head halter no-pull harness? Yes No

Please specific type used:

Does your dog walk nicely on a leash? Yes No

Does your dog see other dogs on a daily basis? Yes No

On leash or off leash? on leash off leash both

Please describe how your dog reacts to other dogs.

Does your dog seem uncomfortable with any of the following, check all that apply:

infants	teenagers
women	men
people wearing hats	toddlers

Describe how your dog reacts when meeting a child?

Describe how your dog reacts when meeting a new person?

Please describe how your dog reacts to a person in a wheelchair or walker?

Does your dog jump on people to greet them?

Yes No

Is your dog healthy?

Yes No

Is your dog on any medication?

Yes No

Is your dog comfortable being touched everywhere on his/her body?

Yes No

If no, please specify areas that make your dog uncomfortable:

ears belly paws other

If other please specify:

Has your dog ever growled at a person?	Yes	No
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If yes, please explain;

Has your dog ever bitten a person or animal?	Yes	No
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If yes, please explain;

Have you volunteered for other causes?	Yes	No
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If yes, what kind of volunteer work?

Please describe some of your background and interests.

How did you hear about Canine Link?

E caninelinktherapydogs@gmail.com **W** www.CLTherapyDogs.org

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