



HUMANE SOCIETY
OF CHARLES COUNTY

PET THERAPY VOLUNTEER APPLICATION

DATE

Name(s) of Pet Owner:

Home Address

City/State

Zip Code

Cell Phone

Home Phone

Work Phone

Email Address

Emergency Contact Information (Name, Phone Number, and Relationship)

Animal's Name

Age

Sex

Spayed/Neutered

Type of Animal

Pet's Weight

Pet's Breed

Veterinarian's Name and Telephone Number

Nursing Home Preference(s) or Location

How often can you visit, preferred days for visits and do you prefer day or evening?

Are you interested in the "[Paws-To-Read Program](#)"

Pet Therapy Program Director Notes: