

Pets and People® Visiting Society

Registration Form

PERSONAL INFORMATION

Surname: _____ Given name(s): _____

Mailing address: _____ Postal code: _____

Telephone: (home) _____ (business) _____ (other) _____

Email address: _____

Personal physician: _____ Phone: _____

Veterinarian: _____ Phone: _____

Present or former occupation: _____

Other volunteer experience: _____

Please indicate any medical limitations or health problems that affect you or your pet:

You _____

Your pet _____

Please tell us why you and your pet would like to join the Pets and People Visiting Society:

PET INFORMATION

Pet's name: _____

Species: _____ Breed: _____ Age: _____

Is this your first pet of this species? _____ Do you ever feed your pet raw "barf" diet? _____
(Raw bones, beef, fish, or poultry)

With whom is your pet most comfortable?

Children _____ Seniors _____ Teenagers _____ Male _____ Female _____ Any _____

PET VISITING INFORMATION

Do you and your pet wish to do general visiting? Yes _____ No _____

Do you and your pet wish to participate in an organized rehabilitation/therapy program? Yes ___ No ___

How often do you wish to visit? _____

Is there a particular facility you would like to visit? _____

Is someone, other than you, going to be visiting with your pet? Yes* _____ No _____

*If yes, this person's name and relationship to you: _____

*This person must also complete a registration form and go through a screening with the dog

Pets and People photo I.D. is required for all visitors and their pets, and must be worn at all visits, and special events. Leash sleeves will be provided, and must be on at all visits and events. An additional security photo may be required by some facilities.

Please give two personal references other than family members:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I consent to a criminal record check and a personal reference check. This is in keeping with **Pets and People® Visiting Society's** desire to protect all vulnerable patients and residents. As Confidentiality of patients and residents is to be preserved at all times, a Confidentiality Agreement will be necessary. This request can also come from a facility.

Signature: _____ Date: _____

Please return completed **Registration Form** and **Veterinary Inspection and Medical Record** to:

Attention: Marjorie Rutherford
Pets and People Visiting Society

Box 211 9-3151 Lakeshore Road
Kelowna, BC V1W 3S9

NB Or to the **address** given in your **email**.

We will contact you when the completed forms have been received, and when we have a date for a screening, you will be phoned.