

## Feline Temporary Care Volunteer Application

<b>General Information:</b>		
Name:		
Address:		
City, State Zip Code		
Home Phone:		
Work Phone:		
<b>Background Information:</b>		
	Yes	No
Are you over 21?		
Do you rent your residence:		
Do you own your residence:		
Do all members of the family want to do Temp Care?		
Do you have children under the age of 6 years? Ages of children?		
Do you have a special room or area to keep the Temp Care cat in?		
Would you be available on an emergency basis?		
How many hours per day would the Temp Care cat be left alone?	# of hrs ____	
<b>Pet Information:</b>		
How many and what kind of pets do you have now?		
If you have no pets now, have you had pets before?		
If yes, where are they now?		
Are all of your pets spayed or neutered?		
Do you allow your cats to go outside?		
Are your pets' vaccinations current?		
Are your pets in reasonably good health?		
Name of your veterinarian		
What are the pet's arrangements when you are not at home?		
Does anyone in your home have any allergies to pets?		
If yes, how will you cope with them?		
Do your windows have screens?		

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<b>Type of cat you would be interested in having:</b>			
	Yes	No	
Pregnant or nursing mothers?	<input type="checkbox"/>	<input type="checkbox"/>	
Bottle-feeding orphans?	<input type="checkbox"/>	<input type="checkbox"/>	
Older orphans?	<input type="checkbox"/>	<input type="checkbox"/>	
Sick or injured cats or kittens?	<input type="checkbox"/>	<input type="checkbox"/>	
Adults?	<input type="checkbox"/>	<input type="checkbox"/>	
Shy or frightened or aggressive cats?	<input type="checkbox"/>	<input type="checkbox"/>	
Shy or frightened or aggressive kittens?	<input type="checkbox"/>	<input type="checkbox"/>	
Cats or kittens with behavioral problems?	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Experience:</b>			
	Yes	No	Willing to learn
Can you give oral medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administer topical medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you bottle-feed orphans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you give a flea bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you take a animal's temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you give vaccinations? (shots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you work with shy or frightened animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please describe the time commitment that you would be able to make: Short (Days or Weeks) Long (Months or Longer)			
Please describe any experience you have working with or taking care of animals:			



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### Waiver

In consideration of my participation in the activities of the West Suburban Humane Society, I do hereby agree to hold free from any and all liability the West Suburban Humane Society and its respective officers, employees and members and do hereby for myself, my family, members of my household, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in any of the activities or duties of the West Suburban Humane Society.

I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the West Suburban Humane Society.

I understand that the cats/kittens in my temporary care are the property of the West Suburban Humane Society. Any activity concerning these cats/kittens must be cleared through the Executive Director (630-960-9600 ext. 25), Director of Animal Welfare or the Feline Temporary Care Manager. The only exception is a critical situation that requires emergency care, which should be pursued with either All Creatures Great and Small or Arboretum View Animal Hospital. West Suburban Humane Society must be informed within 24 hours if emergency care was required. West Suburban Humane Society animal names must be used for any vet care for billing clarification.

I acknowledge that I have read, understand and will adhere to all the terms, conditions, policies and procedures of the West Suburban Humane Society Temporary Care Program. I do understand that at anytime, I cannot fulfill these terms, conditions, policies and procedures of the West Suburban Temporary Care Program I will by mutual agreement end my tenure as a Temporary Care Home Volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_