

**MIAMI COUNTY EMERGENCY DISASTER
DOMESTIC PET AND LIVESTOCK RESCUE TEAM
VOLUNTEER APPLICATION**

Name _____ Age ____ (Must be 18 yrs. old)

Phone- Day, Eve, Cell, Work (include area codes) _____

Address _____

City _____ State _____ Zip _____

1. LICENSED VETERINARIAN

License # _____ Certification(s) # _____

Please attach copies of above documents.

I can provide the following checked services:

____ Emergency Evaluation/Treatment to the following animals:

____ My clinic and staff for evaluation and treatment

____ Shelter for the following animals: _____

____ Other _____

2. EXPERIENCED ANIMAL RESCUER/HANDLER AND/OR FOSTER HOME

If applicable: License # _____ Certification(s) # _____

Please attach copies of above documents

I can provide the following checked services:

____ Rescue and handling of the following animals:

____ Foster home/sheltering of the following animals:

____ Animal transportation trailers/vehicles for the following animals:

____ Other _____

OVER

3. SUPPORT SERVICE

I can provide the following services:

- _____ Communication support, phones, office work, computer/data entry, ham radio, driving, customer service, animal registration.
- _____ Assistance with setup/cleaning of Animal Disaster shelter and headquarters. (Setting up cages, preparing stalls, tents, tables, transporting/lifting supplies).
- _____ Other _____

***ALL APPLICANTS MUST COMPLETE BELOW**

***List ALL physical limitations that may put you at risk and/or limit your abilities:** _____

Vaccination History:

_____ Rabies Pre-Exposure, Date _____ Tetanus, Date _____ Hepatitis A, Date _____

I verify that the information presented on this application is true and that I am physically fit to volunteer for the above services as indicated.

Volunteer

Date

***ADDITIONAL APPLICATIONS CAN BE FOUND AT:**

www.miamicountyhumanesociety.org

****PLEASE MAIL APPLICATION TO:**

MIAMI COUNTY ANIMAL SHELTER
1110 NORTH DIXIE HWY.
TROY, OHIO 45373
ATTENTION: DIRECTOR