

Narlypup Rescue
Islip Terrace, NY
NarlyPuprescue.org
Email NarlyPupRescue@gmail.com
Phone-631-538-0053

Volunteer Applicant:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
D.O.B _____
Employer Name, Address, and Telephone Number:

History with dogs:

How many years have you been involved with dogs? _____
Have you ever been bitten or attacked by a dog? _____ (If yes, please explain)

Are you comfortable approaching dogs that you do not know? _____ (If no, please explain) _____

Are you willing to assume the risks involved with working with animals who are sometimes frightened and in unfamiliar surroundings may become aggressive? _____
(If no, please explain) _____

Volunteer Availability: Days and times Available

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Night							

Home:

Can you foster? _____

Do you own or Rent your home? _____ How long? _____

If you rent, please list the landlord(s) name and contact number:

Do you have permission from the landlord to keep a pet? _____

Does your lease require a pet deposit? _____ If so, has this been paid? _____

a) Are there any breed or weight restrictions? _____

b) Are there any restrictions as to the number of dogs and /or combination of dogs and cats that you may have at your residence? _____

If Yes to A or B explain:

Do you have a fenced yard? _____ if yes, what type and how high is it? _____

Do you have a pool? _____ Is the pool area fenced off? _____

Are there a lot of children in the neighborhood and/or are you frequently visited by children?

Please list other family members that live with you, along their ages:

Is anyone in your household allergic to animals? _____ (If yes, please explain)

Current Pets:

How many pets do you current have in your household? _____

Please provide the name, age, sex and breed of each:

Are these pets spayed/neutered? _____

Are these pets current on all vaccinations and on heartworm preventative? _____

Veterinarian Name: _____

Address: _____

Number: _____

Is there anyone home during the day? _____

How many hours (approximately) would the dog be alone? _____

Where will the dog stay during the day? _____

Where will the dog stay at night? _____

Do travel frequently? _____ If yes, how often? And who watches your pets?

Please list three references

Name/Relationship/Years Known/ contact number

1. _____

2. _____

3. _____