



# Vet Student Volunteer Application

## Contact Information

Name			
Street Address			
City, State, ZIP			
Primary Phone		Secondary Phone	
E-Mail			

## Credentials

What is your graduation year?	
What is the date of you last rabies vaccine or titer?	___/___/___ Proof of vaccine/titer required
Have you completed the Sophomore surgery lab?	
Have you completed the Small Animal Surgery Rotation?	
Have you completed the Shelter Medicine Rotation?	

## Trap-Neuter-Return

Do you have experience with TNR? If so, please describe:

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## Person to Notify in Case of Emergency

Name			
Street Address			
City, State, ZIP			
Primary Phone		Secondary Phone	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I release the use of my likeness to Operation Catnip for use in educational/promotional videos and pictures. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)			
Signature		Date:	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.