

Internship Form Tender Paws Animal Hospital

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Times available for volunteer work (please indicate hours you are available on each day; example 2-7p.m):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Have you had any experience working with animals other than your own pets? _____

If "yes," what kind of experience? _____

<p>Parent or Guardian I understand dog or cat bites or scratches could occur:</p> <p style="text-align: center;">___ Yes ___ No</p>	<p>Minor I understand dog or cat bites or scratches could occur:</p> <p style="text-align: center;">___ Yes ___ No</p>
<p>Parent or Guardian I understand other injuries such as falling on wet concrete could occur.</p> <p style="text-align: center;">___ Yes ___ No</p>	<p>Minor I understand other injuries such as falling on wet concrete could occur.</p> <p style="text-align: center;">___ Yes ___ No</p>

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Parental Permission

Prior to any minor working at Tender Paws Animal Hospital, we must have parental consent. This is for the safety of all involved. This form must be filled-out completely and signed by the parent(s) or guardian of the minor, the minor, and a clinic representative prior any volunteer hours being granted.

<p>Parent or Guardian If you have any duties you do not wish your child to perform, please check all the boxes of duties your child is not allowed to perform during his/her volunteer hours.</p> <p style="text-align: center;"> <input type="checkbox"/> Walks dogs <input type="checkbox"/> Clean dog kennels <input type="checkbox"/> Wash dishes <input type="checkbox"/> Do laundry </p>
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Sweep and mop floors Clean cat cages Wash and brush dogs
 Feed dogs Feed cats Clean other areas of the clinic

Please state any specific concerns of your child's volunteer hours below.

Parent or Guardian Initials: _____

Parent or Guardian

Does your child have any allergies, especially to cats or dogs? Yes No
 If yes, please explain here:

If any other allergies, please state below:

Parent or Guardian

Does your child have any medical conditions we should know about? Yes No
 If yes, please explain here:

I as the parent or guardian of _____ give my permission for volunteer hours to be performed at Tender Paws Animal Hospital as specified in this form.

Both my child and I understand that he/she may be working in close contact with the animals and in the kennel area. Therefore, in the event my child may sustain an injury while working as a volunteer, I will not hold Tender Paws Animal Hospital or those supervising responsible.

Parent or Guardian Signature:	Date:
Minor Signature:	Date:
Clinic Representative Signature:	Date: