



## VISITING TEAM APPLICATION FORM

### PET VISITING SCHEME

Please complete in **BLOCK CAPITALS**

Surname: \_\_\_\_\_ First Name(s) \_\_\_\_\_ Mr./Mrs./Ms. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

E.mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

Are you involved with any other voluntary agencies? If so, please list: \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Gender M/F/Neutered

Day/Time available for visiting \_\_\_\_\_

Please give names and addresses of two referees whom we can contact.  
Referees **must not be related to you** and should be known to you for at least 2 years.  
Please state context in which they are known.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Context Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Context Known \_\_\_\_\_

I declare that the information given on this form is true and complete to the best of my knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_