

Please complete the following questions if you answered Yes to either of the questions above. All others may skip to the signature section of the form.

List all other adults and children living in your home & provide Full Name, Age & Relationship:

List all children and their ages who visit your home (grandchildren, neighbors, etc.):

Do you have a fenced yard attached to your home? Yes No If yes, describe your fence, including material it is made of plus general size, condition.

Are your dogs always supervised when they are outside? Yes No If No explain:

If there is no fence, how do you plan to potty any interim SCMR dog:

Do you have a pool? Yes No If yes, is it fenced separately? Yes No

CONDITION OF MALTESE YOU MAY BE ASSISTING SCMR WITH

Do you understand the temperament, socialization, grooming, health issues and proper care of a Maltese? Yes No

If you have to pick up a dog that is coming into our rescue care, it may have ticks and fleas; have an illness or infection and badly matted hair. Is this a problem for you? Yes No

VET REFERENCE

Veterinarian Business Name:

Phone Number:

Address:

City, State, Zip Code:

All the information in this application is true and correct. I understand and agree to abide by the terms and conditions herein.

Signed: _____ Date: _____

Return this Volunteer Registration form with your signature to:

Southern Comfort Maltese Rescue
PO Box 2005
Chattanooga, TN 37409

July 3, 2010

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