



## 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 \_\_\_\_\_

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

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

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 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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 \_\_\_\_\_