



PETS ON WHEELS of Scottsdale, Inc.
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Sharing Our Pets' Love

VOLUNTEER PET APPLICATION
[please print]

Owner's Name: _____ Pet's Name: _____

Pet Information:

Sex _____ Age _____ Breed _____

Color _____ Weight _____ # Spayed or Neutered? Yes _____ No _____

Pet License Number _____ Issued By _____ Dated _____

Where did you first meet your pet? Shelter _____ Breeder _____ Other _____

Do you and others consider your dog to be well behaved and gentle? Yes _____ No _____

Obedience:

Basic Training: No _____ Yes _____ Where _____

Canine Good Citizen (CGC) by the American Kennel Club: Yes _____ No _____

AKC obedience trials? Yes ___ No ___ Highest Title _____

AKC Registration: Yes ___ No ___ SR # _____

Is your dog certified by other therapy groups?

Alliance of Therapy Dogs, Pet Partners, Therapy Dogs, International or Other group.
(circle those that apply) Other group _____

Tell us about your pet and any tricks: _____

Veterinarian/clinic: _____

Veterinarian Phone: _____

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