



Clinic Volunteer Application

Please **print** the information requested below.

1. Your Information

Last name First name.....

Address.....

.....

City..... State..... Zip.....

Home Phone..... Work Phone.....

Cell Phone..... E-mail.....

Age (if under 18).....

2. Volunteer Positions

Commonwealth Cats recommends that all clinic volunteers are up to date with rabies and tetanus vaccinations. Our clinics are held on Sundays between 8:00 A.M. and 5:00 P.M. Volunteers may participate in a single or multiple clinics.

Please indicate which of the following positions you are qualified and interested in and complete the appropriate section:

_____ **Veterinarians (Must be licensed in MA):**

Massachusetts License Number:

Please circle which of the following you are experienced with and willing to perform on cats at a Commonwealth Cats clinic:

____ Spay Surgery ____ Neuter Surgery ____ Pre-surgical Physical Exams

Surgical Glove Size Preference.....



_____ **Veterinary Technician:**

Are you a Certified Veterinary Technician: _____Yes _____No

Please check which of the following you are experienced with and willing to perform on cats at a Commonwealth Cats clinic:

- _____ administering subcutaneous fluids
- _____ administering injections (circle all that you have experience with: SQ IM IV)
- _____ pre-surgical prep (clipping, proper sterilization technique)
- _____ expression of bladder
- _____ monitoring cats under anesthesia (i.e. heartbeat, respiration, etc.)
- _____ ear cleaning
- _____ surgical assistant (proper use of anesthesia equipment, intubation, proper aseptic techniques, knowledge of surgical materials; types of suture, blade sizes, drapes typically used, etc.)
- _____ ear-tipping
- _____ surgical instrument cleaning and sterilization (autoclave use)
- _____ surgical pack preparation/wrapping

_____ **Non-clinical Assistant:**

Help with tasks including cage cleaning, general clean-up following clinic, admissions, paper work and other tasks based on clinic needs.

3. General information

Are there any clinic related duties you would prefer not to perform?

.....

How did you hear about our volunteer program?

.....

Please send your completed application form to:
Commonwealth Cats, Inc.
P.O. Box 26
Peabody, MA 01960