



Clinic Volunteer Application

Please **print** the information requested below.

1. Your Information

Last name _____ First Name _____

Address _____

City _____ State _____ Zip _____

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 in and complete the appropriate section.

____ **Veterinarians (must be licensed in Massachusetts)**

Massachusetts License Number _____

Please indicate the number of years of experience with the following.

Spay Surgery: _____ years How many per week: _____

Neuter Surgery: _____ years How many per week: _____

Pre-surgical Physical Exams: _____ years

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 the 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
- ____ 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, paperwork and other task 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