



Clinic Volunteer Application

Please **print** the information requested below.

1. Your Information

Last name First name.....

Address.....

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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?

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How did you hear about our volunteer program?

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