Dane County Humane Society

Veterinarian Application

Dane County Humane Society is currently recruiting veterinarians to participate in our volunteer spay and neuter program and support our mission ***Helping People Help Animals.***

VOLUNTEER INFORMATION – Fill out a separate application for each person interested in volunteering

Legal Name:_____ _____ _____
Last *First* *Middle (full)*

Birth Date:_____ Driver's License #: _____

E-mail address: _____

E-mail is our preferred method of contact. Our e-mail may be blocked by your filters; please check your junk e-mail folders if you have not received an e-mail from us confirming receipt of your application.

Home address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Clinic): _____

Clinic Name: _____ Website: _____

Emergency contact: (Name, phone number & relationship) _____

Veterinary License Number: _____ State: Must be licensed in Wisconsin

LIABILITY INSURANCE INFORMATION – Necessary only for non-shelter population procedures.

Insurance Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Policy Number: _____ Certificate Number: _____ Dates of Coverage: _____

How often are you able to volunteer? ☐ Once a week ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Hours you are able to commit to on the above basis:
2 Hours_____ 4 Hours_____ 6 Hours_____ 8 Hours_____ Other_____

Check ALL available days and times you are available to volunteer: *Note: the majority of our weekday surgeries are done Monday thru Thursday scheduled 9am-1pm thus this is our highest need. *Saturday Spay Days begin at 7:30am with one veterinarian to do informed consent. End times for Spay Days vary because they dependent upon our animal volume for that day.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30am – 1pm Sat. only*						
9am – 3pm Sat.only*						
9am – 1pm						
1pm – 5pm						

FOR ADMINISTRATIVE USE ONLY

FIRST CONTACT:	POSITION:	ORIENTATION DATE:	ENTERED IN VOLGISTICS

BACKGROUND INFORMATION

Current employment: ☐ Employed with a clinic ☐ Free-lance ☐ Self Employed

Name of clinic(s) you are employed by: _____

Are you retired? ☐ Yes ☐ No

Reference (can be volunteer or work related) familiar with your surgical skills:

Name: _____ Position: _____

Phone: _____ Email: _____

Education Background:

_____

_____

_____

Years of Veterinary experience. _____ **Note: We can use all levels of experience in our programs.*

Why would you like to volunteer at Dane County Humane Society?

_____

_____

Have you volunteered with an animal shelter in the past? ☐ Yes ☐ No

If yes, please identify the name of the organization, the time period volunteered and what you did:

_____

Are there any medical conditions that may affect your ability to perform certain tasks? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain*: _____

**All applicants will have background checks prior to beginning their volunteer commitment with Dane County Humane Society.*

VOLUNTEER APPLICATION AGREEMENT

I certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, including for such purposes as criminal background checks, and I release the agency from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer. In consideration of Dane County Humane Society accepting my application, for participation in its programs, I agree to release and hold harmless Dane County Humane Society from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitation, attorney's fees and disbursements, arising from or occasioned by my participation in Dane County Humane Society programs. I understand there are certain risks inherent in handling animals and I accept these risks. I agree that Dane County Humane Society may photograph my participation in this program and I hereby release any such photographs to Dane County Humane Society for use in its programs, publications and purpose.

Applicant Signature: _____Date: _____

Please mail application to:	Attn: Volunteer Coordinator Dane County Humane Society 5132 Voges Road Madison, WI 53718	**or send by Fax:**	(608) 838-0368

Dane County Humane Society **Veterinarian Background & Skills**

Dane County Humane Society is currently recruiting veterinarians to participate in our volunteer spay and neuter program and support our mission ***Helping People Help Animals.***

Name: _____ _____
First *Last*

For each item, check the box that best describes your skill level and comfort level:

	Skill Level			Comfort Level		
Animal / Procedure	High	Medium	Low	High	Medium	Low
Cat Spay – Adult						
Cat Spay – Pediatric (2-4lbs)						
Cat Spay – In heat						
Cat Spay – Pregnant						
Cat Neuter – Adult						
Cat Neuter – Pediatric (2-4lbs)						
Cat Neuter – Cryptorchid						
Dog Spay – Adult						
Dog Spay – Pediatric (12 weeks)						
Dog Spay – In heat						
Dog Spay – Pregnant						
Dog Neuter – Adult						
Dog Neuter – Pediatric (8 weeks)						
Dog Neuter – Cryptorchid						
Rabbit Spay						
Rabbit Neuter						

Please summarize any special skills or interests you would like us to know about: Such as wildlife or exotic medicine, dentistry, orthopedic surgery, etc.

_____

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Madison, WI 53718

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