

# APPLY TO BECOME A PETS AS THERAPY VOLUNTEER WITH YOUR CAT



## ABOUT YOU

Title:

First name:

Last name:

### Address

House name or number/street name:

Town/City:

County:

Postcode:

Email:

Phone:

I am over 18:

☐

How did you hear  
about PAT?:

## ABOUT YOUR CAT

Name:

I confirm my cat is over 12 months old:

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Please confirm your cat's age in  
years:

I have owned my cat for over 6 months:

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My cat is:

Male

Female

### Your cat's health and diet

My cat is vaccinated annually against Feline Leukaemia Virus (FeLV).

Yes

No

My cat is fit, healthy and is not immunocompromised.

Yes

No

I confirm my cat has NOT tested positive for FeLV and is not undergoing any veterinary  
treatment that would compromise their immune system.

My cat receives regular flea and worm control.

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Please enter the details of any health conditions your vet believed may impact your cat's ability to visit and/or are controlled by prescribed medicine.

I confirm my cat is NOT fed raw meat or unpasteurised products.

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I confirm my cat is NOT a known hunter.\*

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*\*definition of 'known active hunter' is a cat that is known/suspected by its owner to be a habitual successful hunter (ie. hunts at least once a month or more).*

## Your cat's temperament and behaviour

My cat will wear a lead and collar or harness.

Yes

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No

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My cat loves being fussed.

Yes

☐

No

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Does your cat have a good, reliable temperament with:

a. other adults?

Yes

☐

No

☐

b. children?

Yes

☐

No

☐

c. other animals?

Yes

☐

No

☐

Has your cat displayed signs of nervousness towards another person?

Yes

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No

☐

My cat is carrier trained and happy to travel.

Yes

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No

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## DECLARATIONS

### ***Rehabilitation of Offenders Act (1974) Exemptions Order (1975):***

Do you have any unspent criminal convictions or is there any action pending against you? Having a criminal conviction will not necessarily stop you from becoming a Pets As Therapy Volunteer.

Yes

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No

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If yes, please detail them here.

## VOLUNTEER DECLARATION

### ***Registered Volunteer and Pets Statement***

I confirm that on acceptance and completion of my application to become a Pets As Therapy Volunteer I will:

- \* Abide by the Volunteer Handbook and policies of Pets As Therapy.
- \* My accepted pet will be vaccinated annually, kept in good health and be clean and well groomed when on a visit.
- \* Adhere to the PAT Visit Guidelines and take complete responsibility for the actions of both me and my pet while on visits.
- \* Clearly display my Pets As Therapy ID badge and my pet's ID tag on all visits.

I agree to the Registered Volunteer and Pets statement.

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### ***Data Protection and Privacy***

I consent to Pets As Therapy processing my personal data for the purposes of processing my application and subsequent volunteer administration.

I consent to Pets As Therapy sending me information relevant to volunteering for the Charity, the establishments I visit, events in my areas and about the wider work of Pets As Therapy.

I understand my contact details will be passed to a PAT Volunteer Area Co-ordinator who can support me in my volunteering role for the Charity.

*Pets As Therapy is committed to taking all reasonable care to ensure the security of data in storage and processing and will not disclose details to a third-party individual or organisation unless required to do so by law.*

I understand and consent to the Data Protection and Privacy statement.

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### ***Driver Declaration***

If I drive when acting as a Pets As Therapy Volunteer, I confirm that I hold a valid, full driving licence, I have valid insurance and my vehicle has a current MOT.

I have advised my insurers:

- a. of any driving convictions or health conditions that would affect my driving.
- b. that I will be using my car while undertaking voluntary work.

I understand and consent to the Driver Declaration.

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