



Tails Around Town Volunteer Information

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (____)-_____

Key Questions:

What is your level of experience?

- a. Never owned a dog
- b. Owned a dog under a year
- c. Owned a dog 1-4 years
- d. Owned a dog 5+ years

What type of outing would you enjoy?

- a. Hikes/trips to local parks
- b. Coffee shops/ Breweries
- c. Trips to your home
Apartment ____ House ____
- d. Other _____

Home Environment

Rent ____ Own ____

- a. Numbers of dogs ____
- b. Number of cats ____
- c. Other _____
- d. Children/ages _____

Preference Details (these refer to what you are looking for in your doggie companion for the day)

- a. Size/weight
Small ____ Medium ____ Large ____
- b. Energy Level
Low ____ Medium ____ High ____
- c. Behaviors
Easy ____ Moderate ____ Challenging ____
- d. Are you ok with dogs jumping or pulling on the leash
Jumping ____ Pulling ____ Neither ____

Any additional information we should know?
