

SYLVANIA VETERINARY HOSPITAL
4801 HOLLAND-SYLVANIA, SYLVANIA, OH 43560
(419) 885-4421; FAX (419) 885-0244
www.sylvaniavet.com

SVH PET PALS

PROGRAM DIRECTOR: Natalie Culler, DVM
ASSOCIATE DIRECTOR: Jamina Cudjoe, RVT
PET PAL COMMITTEE: Christie Shoun

ROBERT ESPLIN, D.V.M
JENNIFER TATE, D.V.M
MELANIE BLAISDELL, D.V.M
NATALIE THOMAS, D.V.M
KATE HISSAM, D.V.M
TAYE HART, D.V.M

APPLICATION FOR PETPALS

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF BIRTH _____

E-MAIL ADDRESS: _____ AGE: _____ (Must be at least 13)

REFERENCES (TEACHERS, FRIENDS, ETC.)

NAME	OCCUPATION	PHONE#
_____	_____	_____
_____	_____	_____

DO YOU HAVE PETS OF YOUR OWN? IF SO, WHAT KIND?

DOES YOUR PARENTS BRING YOUR PETS TO OUR HOSPITAL? Yes No

HAVE YOU EVER WORKED WITH ANIMALS? _____

WHAT SCHOOL DO YOU ATTEND? _____ GRADE: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

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RELEASE AGREEMENT

The undersigned, the parents of _____ who is a student at _____, in consideration of said student being accepted as a Pet Pal volunteer for clinical experience at the Sylvania Veterinary Hospital, Inc., understands and agrees that said student is not an employee of the Sylvania Veterinary Hospital, Inc. and that the said student, his or her parents, heirs, legal representatives and assigns expressly release and discharge the Sylvania Veterinary Hospital, Inc. from any and all claims, demands, actions and judgments that the undersigned ever had, or now has, or may have or that anyone claiming through or under them may have or claim to have against the Sylvania Veterinary Hospital, Inc. arising out of the student's activities as a Pet Pal volunteer at the Sylvania Veterinary Hospital, Inc.

Signature of Parent or Guardian

Date: _____

For office use only

Date of interview: _____

Hire date: _____

End date: _____