



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?
