

Emergency Management Office
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Chesapeake, VA 23322
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VA SART (Virginia State Animal Response Team)

COMMUNITY ANIMAL RESPONSE TEAM (CART) VOLUNTEER FORM

Please Print

NAME _____ AGE (if under 18) _____

PHONE – DAY (Include Area Code) _____ EVENING _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SKILLS (mark all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Veterinary Medicine | <input type="checkbox"/> Animal Sheltering | <input type="checkbox"/> Boarding Kennel Experience |
| <input type="checkbox"/> Large Animal Handling | <input type="checkbox"/> Small Animal Handling | <input type="checkbox"/> Farm Animal Handling |
| <input type="checkbox"/> Equine Handling | <input type="checkbox"/> Exotics and Wildlife Handling | <input type="checkbox"/> Animal Rehabilitator |
| <input type="checkbox"/> Animal Groomer | <input type="checkbox"/> Dog Trainer | <input type="checkbox"/> Dog Club Member |
| <input type="checkbox"/> Certified in CPR/First Aid | <input type="checkbox"/> Certified in Pet First Aid | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Other _____ | | |

WILLING TO DO (mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Animal Rescue | <input type="checkbox"/> Shelter Clean-Up |
| <input type="checkbox"/> Animal Health Care | <input type="checkbox"/> Office Work | <input type="checkbox"/> Phones |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Driving | <input type="checkbox"/> Damage Assessment |
| <input type="checkbox"/> Large Animal Transport | <input type="checkbox"/> Other _____ | |

VACCINATION/MEDICAL HISTORY

Rabies Pre-Exposure, Date _____ Tetanus, Date _____ Hepatitis A, Date _____

Restrictions/Disabilities/Medical Issues _____

Do you have your own medical insurance? _____ Do you have your own transportation? _____

Special Equipment/Resources Offered _____

Referred by _____ Any questions or comments? _____

FOR OFFICE USE ONLY

Interviewer _____ Date _____

Comments _____

Entered into database By _____ Date _____