

Mendocino Coast Humane Society

Mendocino Coast Sunshine Teams Therapy Dogs

Sunshine Team Handbook

Sunshine Team Application

Name _____

Mailing Street Address _____

City & Zip _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact - Name _____

Address _____

Phone _____ Cell Phone _____

Dog's Name _____ Age _____

Breed _____ Color _____

Description _____ Weight _____

Are you 18 or over?

Have Dog passed AKC CGC Test? Rabies Vaccination Expiration? _____

Days & Hours Available _____

Have you read and understand the Sunshine Team's Handbook & Requirements?

Driver's License or Identification _____

Signature _____ Date _____

Parent's Signature _____ Date _____